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## EDITORIAL COMMENT

### THE NINETEENTH ANNUAL CONVENTION

Each convention has its lessons from which we profit and as a result of which each succeeding one becomes even better than its predecessor; each convention has its own characteristics which linger in the memory. That of New Orleans, like the one in Boston, in 1911, will be a milestone in the matter of reorganization. But who would have imagined that such weighty matters could be carried through so easily, so harmoniously, with no dissension or opposition? There was a threefold reason for this. The president was such a good leader, so clear in her explanations, so impartial in her views, so willing to listen and to adjust to meet the needs that arose; the chairman of the Revision Committee was so patient and painstaking in the round tables she conducted at any time and place, answering questions and, with the aid of the member of her committee who was present, illustrating how details could be handled; the delegates were so in earnest, so willing to do what was best for the association as a whole, that the result was an accomplishment beyond any one's expectations. The proceedings published in our June issue will show that all sides were considered and that there was full discussion. Now it remains for the states to go vigorously to work, to appoint each its committee on revision, to make over their state by-laws in conformity with the national and to lead the way for the local associations to make their readjustment which cannot be done till they know how the state has solved the problem. *W. J. Gould*

New Orleans will also be remembered for several innovations. The programme monitors were on duty for the first time and we shall never be willing to do without them again. All meetings began and ended on time, no two conflicted, rooms for round tables and for com-

mittee meetings were found and persons were directed to them. If the chairman were not present, the programme monitor took her place, called the meeting to order and kept it going till the chairman came. If one round table were not enough for a subject a second one or a third was called, so there was no lack of opportunity for groups with similar interests to meet and to exchange views. The general registration was another innovation that proved its use. This was in addition to the separate registration of the organizations and included a classification by states and by schools, with local and home addresses. The cards were referred to constantly by those wishing to find their friends or to discover which graduates of their schools were in attendance. It is hoped that another year the scheme of hostesses will be worked out in even better detail and that by means of the general registration cards, a hostess from a state will look up and hunt out all those nurses from her state who are not well known, who may not have friends, who are, perhaps, attending a convention for the first time and who would appreciate the guidance and introductions of her state hostess.

The programme was so arranged that general sessions were held each day under the auspices of one or another of the national organizations, yet of vital interest to all. Certainly all meetings were well attended. In spite of the fascinations of New Orleans, the delegates who neglected the convention for sightseeing seemed very few. The subjects on the programme followed definite lines and were of great value. Whole sessions were devoted to such themes as Specialties in the Curriculum, Public Health Nursing under Government Control, Private Duty Nursing, Hourly Nursing, Mental Hygiene, Red Cross Work, Legislation, etc. It seemed to us that the small hospital is rising in respect. Again and again during discussion of papers or in business sessions, emphasis was placed on the fact that the small hospital holds a great place in its community, that it must be considered and recognized as having special problems of its own, differing from those of the large hospital and that provision must be made for its graduates. One difference between the old and the new membership clauses is that the requirements for admission of the states themselves are taken into consideration, in regard to the size of the hospital from which the applicant comes, while a minimum length of training is set, instead of a maximum. The training of an applicant must have been general or made so by affiliation or post graduate work, registration is required where state laws are in force, but the old standard of all training being given in the hospital is held to. A number of delegates pledged themselves to work in their own states for including the JOURNAL in the association dues.



It was good to those from the north to see so large a southern representation. All the states adjacent to Louisiana had sent large delegations, proving the wisdom of bringing the convention into their midst. We are accustomed to thinking of the people of the south as rather deliberate, but surely the energetic and indefatigable members of the Arrangements Committee would have done credit to the most bracing climate the country affords. They not only provided for the comfort and convenience of their guests as occasion arose, but they foresaw the need before it arose and prevented complications by the simple plan of having every sort of complaint, from any source, reported at once to the chairman, who seemed omnipresent and omniscient and who, under all circumstances, was smiling and unruffled. Indeed all the local nurses were made of hospitable stuff and took endless trouble to conduct their guests through the historic sections of the city or to show them features of interest which they never could have discovered alone.

It was good for all from a distance to enjoy the summer climate, to see the southern vegetation, to hear the soft southern speech. The personally-conducted excursions about the city and to points outside, the delightful boat ride on the Mississippi given by the Sisters of Charity Hospital, the music which added so much to the teas and to the Sunday session, made the delegates feel a personal obligation to the charming people of New Orleans who made their stay so happy and so worth while.

#### WHERE SHALL STATE MEETINGS BE HELD

One of our correspondents from a near-by state has written us very feelingly of the importance of holding state meetings in some of the smaller cities, placing the thought of the educational value of such meetings to the community in which one is held, before that of providing a good time for the members who attend.

Of course there are two sides to this question. Our members should come together in all of our organizations, national and state, as well as local, to gain a broader conception of their work, to gather inspiration and courage for the problems that are always before them, but it is also perfectly legitimate to make much of the social and strictly pleasurable side of such gatherings. Some may have come to feel that our state meetings are too large for the smaller cities but we believe to some extent this idea is wrong. Of recent years, by unanimous consent, the burden of the cost of carrying on such meetings is borne by the association itself, not by the local members. From a financial standpoint it is considered an advantage to any city to have a con-

vention meet within its borders and for this reason it has become the custom for the Chamber of Commerce of a city, or some similar organization, to share the expense of the meeting place and often of the entertainment. When this is not possible, the association will usually meet such expenses from its own treasury or a hotel which is chosen as headquarters will furnish rooms without charge. All these details should be understood by both the directors of the association and its hostesses, that there may be no unexpected bills for either side to mar the pleasure of a convention. We believe much could be done by the small cities if the nurses knew how to approach the proper authorities and that they need have only such expense as the local committee of arrangements wish to incur in the way of entertainment.

Where it is not possible, because of the question of numbers, to hold state meetings in the smaller cities, associations should move about, as frequently as possible, holding meetings in those places where the interest and enthusiasm of the public has not been aroused in questions of nursing problems or the public health and where both the local nurses and the community at large need awakening.

We want to say again to the smaller groups of nurses who have been more or less isolated and unable to attend state meetings in large numbers, not to hesitate to invite their state association to meet with them and, if the invitation is accepted, to call upon town officials, hospital managers and the physicians of the community to help make proper arrangements for its reception. All that we are doing for our own uplift in raising our educational standards and widening our sphere of usefulness comes back in the end to the public in the form of better service rendered the sick in every class who are recipients of nursing care, either privately, in institutions or under some public health organization, and the more clearly the members of a community at large understand our problems, the better will be the support they give to those enterprises in which we are mutually interested.

#### THE NEED OF A STANDARD UNIFORM

Occasions have arisen from time to time since our organization life began, when nurses have felt the need of a distinctive uniform for out-door ceremonial. In the recent parades in which nurses have been given a conspicuous place, as those for preparedness or equal suffrage or any other local function, the first question which arises is, What shall the uniform be, especially the headgear? We believe the time has come when the American Nurses' Association should, through a carefully selected committee, adopt a street uniform to be worn only

on formal occasions, just as the Red Cross uniform is worn only when the nurse is in some way officially representing that association. The dress of such a uniform would naturally be white and should have some distinctive design. There should be an effective head covering, suitable for all seasons, and a cape of such material that it would be a protection from weather as well as from cold.

Another thing about which we feel strongly is that at a time of public functions there should be no school or class distinctions in the ranks of marchers. Upon such public occasions we believe nurses should march in a body, graduates forming one group and pupil nurses another. We believe it would make a great impression on the public for the profession to stand solidly together without school or class distinction.

Such a uniform as we have suggested should be patented, of course, for the use, exclusively, of members of the American Nurses' Association. It would be possible to select a dress of such material and design that it could be worn by all graduates when on duty, reserving the cap and cape for public functions. We believe such a uniform, if patented, could be manufactured and sold to graduates at a much lower rate than they are now able to obtain. It would add dignity to the profession if all graduates when on duty wore a severely simple and uniform costume.

#### COMMERCIAL DOMINATION OF NEWSPAPERS

We are asked by a committee from the alumnae of Bryn Mawr College to give publicity to their statement in regard to the disregard of fire ordinances of one of the large department stores of Philadelphia. As the date on which their communication was received made it too late for the May JOURNAL and as June was given over to convention material, we feel that the crucial period of the controversy has passed and record here our opinion that though we are unable to judge of the merits of the case itself, the point which appeals to us as serious is that the Committee which was working for better fire laws or for the enforcement of those in effect, found the Philadelphia newspapers closed to them and therefore appealed to the magazines of the country for space for presenting their case. This is the same situation that we have met in our own work in regard to state registration, in many places. Newspapers have been unwilling to give space to material which would interfere with the commercial interests of some of their advertisers.

## THE JOURNAL'S BOOK DEPARTMENT

The Book Department of the JOURNAL is a collection of such titles as the editor has gathered for the use of our readers; it is a suggestive list from which a purchaser may select books suited to her needs. It is not an exhaustive list of all the nursing books that are published nor is it an advertisement for any publisher; it is a free announcement and does not contain books selected by any firm and representing their stock. We try to keep this list of helpful books up to date and accurate but if any error occurs in title or price, we are glad to make the correction when our attention is called to it. We do not undersell the book dealers, the books are sold at their published rate, our object being to simplify the work of the training school or hospital superintendent who can send us an order for many books from many publishers which we sort out, doing the necessary correspondence and book-keeping connected with the transaction. The purchaser does not save money in getting her books through our Book Department but she does save time and trouble, and she helps promote one of the enterprises of the American Nurses' Association of which she is a part. The commission allowed the JOURNAL by the publishers on book sales covers the cost of conducting the Department and leaves a small margin.

## FRAUDULENT AGENTS

We made mention in our May JOURNAL of the arrest of a young man who had been soliciting illegally for this and other magazines and stated that his apprehension was due to the sagacity of a nurse whose name we did not know at the time. We have since learned that this nurse is Mrs. Mary Anderson, R.N., who is connected with the Tuberculosis Department of the District Nursing Committee, Brooklyn. She did not know at the time of her action that she would be entitled to any reward, as she was working entirely in the interest of this magazine, but we understand that she will receive the \$25 offered by the Periodical Protective Association to which she is entitled. We make our acknowledgment to Mrs. Anderson for the valuable service she has rendered her profession in protecting would-be subscribers to this JOURNAL from being swindled.

## COMBINATION SUBSCRIPTIONS

Subscriptions for the *Public Health Quarterly* and the AMERICAN JOURNAL OF NURSING must begin at the same time and near the time of issue of the *Quarterly*, otherwise they are not accepted by that magazine. The *Quarterly's* dates are January, April, July and October.



## UNTRAINED NURSING IN WAR TIME

In reading Miss Burr's article in the Foreign Department we are impressed with the inconsistency of intelligent nations in being willing to give to their wounded soldiers, who are risking their lives in the defense of the country, less efficient nursing care than is universally provided in time of peace for tramps from the gutter who are of the lowest order of usefulness as citizens.

## THE LOS GATOS COUNTRY CLUB

In our May editorial on Country Clubs we stated that the San Francisco Nurses' Country Club at Los Gatos had been sold and another purchased. We understood, from conversation with a California nurse, that this was the case. We are corrected, however, by another of our California readers, closely connected with the management of the Club, who writes, "We have decided to sell our Los Gatos place if we can secure a suitable price for the Club and all the furnishings. It is rather far from San Francisco for the week end visits. And we have rented a little place in Larkspur, Marin County, forty-five minutes' ride from the city, with a jitney service from the depot to the house, in order to try it out and see whether the nurses really care for a country club."

It has been discovered by many managers of nurses' club houses and directories that nurses do not make as good use as they might of such opportunities. They use a club house for formal meetings and for social gatherings, but do not make themselves at home, readily, for an hour's rest or for reading the books and magazines provided. Possibly most nurses have homes to which they can turn when a few days are at their command or, on the other hand, their social instincts may need developing. It is always a disappointment when large, restful, pleasant rooms, current literature and a good reference library are neglected.

## TRAINING THE HOSPITAL DIETITIAN

By ALICE URQUHART FEWELL

*Santa Monica, California*

The efficient management of the dietetic department is, without doubt, one of the important problems which is now demanding the attention of all modern hospitals. Back of the dietetic department of the hospital stands the dietitian. She is the one who, to a large extent, is responsible for the preparation and serving of the food to the patients and for carrying out the orders with regard to special diets. Since the management of the dietetic department depends almost entirely on the dietitian herself, surely it is of the utmost importance for the hospital to secure the services of a dietitian who has been prepared for her work under the most favorable conditions.

Let us consider first the duties of the dietitian, and compare these duties with the average instruction which she receives as preparation for her work in the hospital. We can then ask the questions: Does the training of the dietitian enable her to carry on her work in a capable and efficient manner, and does it develop in her powers equal to her task?

The duties of the dietitian are anything but constant. They differ greatly according to the hospital. There is a big difference between the eastern and the western hospital in regard to this matter, and there are many other factors which have an influence upon shaping the work of the dietitian. For instance, we must consider the question as to whether she is working in a private hospital containing only single rooms for private patients, or in the average municipal hospital containing large public wards beside the rooms. In the former case, each bed may be occupied by the patient of a different doctor, each of whom is sending in his orders for diet, etc. In the municipal hospital, on the other hand, the regulation of the diet is much more uniform, since most of the beds are occupied by the patients of staff doctors. The dietitian soon becomes familiar with their methods, and her task is far easier than in the private hospital.

Speaking in general terms, it is safe to say that the dietitian will have two principal duties to perform in the hospital. First, she will in some way supervise the preparation of the food and special diets, and she will instruct the nurses of the training school in dietetics and invalid cookery. In many small hospitals the dietitian assumes also

the duties of housekeeper, buying all food and supplies and checking them off when they are delivered. In some cases she even supervises the work in the hospital laundry, distributes the linen, and engages and discharges all the help employed in the institution. This is really beyond her field of work, but she is often called upon to do it in the small hospital.

In the large hospital, she has as her special province the diet kitchen or diet school as it is sometimes called. In this kitchen, under the supervision of the dietitian, the pupil nurses of the training school prepare all or part of the food for the private patients, the public ward patients being served from the main kitchen, with which the dietitian, as a rule, has nothing to do. There are hospitals, however, where the dietitian also supervises the main kitchen, and makes out all the menus for the nurses' and doctors' dining rooms.

The dietitian is expected to superintend the setting and serving of each tray which leaves the diet kitchen. In hospitals where there is no main diet kitchen, and where the food is sent to the different floors in bulk, she must supervise, as best she can, the serving of the trays in the various ward kitchens. There are modern hospitals being built today, and in the progressive west too, which have no provision for a main diet kitchen. When this is the case, the dietitian is trying to accomplish her task without tools, for she must hurry from one ward kitchen to another in her efforts to see all the trays served, and she has no suitable place where she can instruct the nurses.

So much for the dietitian's duties as supervisor. We will now consider her duties as teacher. In the average hospital, the dietitian will have charge of the main diet kitchen, and in this kitchen she will have from six to twelve probation nurses who are expected to prepare the food for the private patients under her direction. She not only makes out all the menus and plans the meals, but she is also teaching these untrained girls to cook the various kinds of food which go to make up a well-balanced menu, and to prepare numerous special diets. This is a big undertaking in itself, and unless she has an assistant, it means that she will be very constantly on duty in the diet kitchen. In addition to this daily course of instruction in invalid cookery, the dietitian gives one or more lectures a week, of one hour each, in dietetics and infant feeding. This lecture is often supplemented by another hour of practical work in preparing special diets which may not be included in the work of the diet kitchen.

We have considered fully the various duties of the dietitian in the hospital and we will now take up the course of training which she receives as a preparation for this work. There are but few schools or

courses of study in this country devoted to the training of dietitians. As a rule, the would-be dietitian takes a course in domestic science, extending over a period of two years in one of our technical schools or colleges, such as the Drexel Institute in Philadelphia or Teachers College, Columbia University. Here she receives a training which is designed for teachers of domestic science. She gets a thorough course in the theory and practice of cookery, the chemistry of food and physiology, also in psychology and methods of teaching. Only a short part of her training is devoted to the study of invalid cookery and the principles of the dietetic treatment of the sick. When she finishes this course and receives her diploma, she is well fitted to teach domestic science in schools and colleges, but is she fitted to take up the duties in a hospital and instruct nurses in hospital dietetics and invalid cookery? We hardly think that she is.

To be sure, many domestic science schools allow their senior students, who wish to become dietitians, to visit various hospitals and observe the work in their diet kitchens, but until very recently the hospital dietitian has been drawn from a class of domestic science graduates who have drifted into the work with absolutely no knowledge of hospitals or hospital life. There is a great demand for dietitians and a very small supply to meet this demand. The work is not very popular with domestic science graduates, and many dietitians are drawn from the ranks of newly-graduated and inexperienced teachers who enter the work for lack of something better to do.

As a result of this, during the last five or ten years, there has been much dissatisfaction on the part of both hospitals and dietitian. The dietitian realizes, before many weeks in the hospital, that she has not been trained to meet the many problems of hospital life which now confront her. Work in a hospital is very different from that in any other walk of life. There is a discipline which is found nowhere else, except in the army and navy. The hospital may well be compared to the army:—the pupil nurses corresponding to the men, and the superintendents and head nurses corresponding to the officers. The average dietitian enters the hospital with no more knowledge of its discipline and etiquette than the youngest probationer, and yet she is expected to instruct this very probationer according to hospital methods! She ranks with the head nurses, but the fact that she is not a nurse herself, counts against her to a great extent. She is apt to feel that she is an outsider, and she finds it difficult to mix with the head nurses since she has little in common with them.

The hours of work in a hospital are very long, and the unaccustomed physical strain, together with the difficulties mentioned above often



discourage the dietitian during the first few months of her work. In a recent class graduating from a domestic science school, several girls entered hospitals as dietitians and all but one gave up the work before a year was out. The general complaint is that the work is hard, hard because they are not properly prepared for it before they enter the hospital.

On the other hand, there is dissatisfaction on the part of the hospital. The superintendent is apt to feel that the dietitian is not always equal to her task, for she does not have the nurse's point of view or the point of view of the hospital. New dietitians are constantly taking up the work, only to drop it in a few months or a year. As a means of remedying this state of affairs, a number of hospitals in the eastern states have started a course for pupil dietitians. These pupil dietitians are domestic science graduates or undergraduates who enter the hospital for a course of instruction under the head dietitian and spend from three to six months in the diet kitchen working with the nurses. In this way they acquire, to a certain extent, the nurse's point of view and also learn something of hospital methods. Where this has been tried it has been found to be successful, but there are many dietitians who have never had the advantages of any such course.

From the above discussion it now becomes apparent that there is something wrong with the training of the dietitian, since we so often find dissatisfaction on the part of both dietitian and hospital. There are of course, many most excellent dietitians in our large hospitals today, who have gained their present positions by hard study, experience and a certain adaptability to hospital work. These are in the minority, however. The solution of this problem of training the dietitian lies in the hands of both the hospital and the domestic science school. Surely by a coöperation of these two institutions, a course of training could be established which would benefit not only the dietitian, but the hospital as well.

There should be included in the training of every dietitian a hospital course as well as that of domestic science. She should enter a hospital and work with its nurses for a given length of time, in order to get their point of view and to understand hospital methods in general. Every school which offers a course for dieticians should have an arrangement with some large hospital, whereby the students are enabled to take part of their training in the hospital. When the dietitian enters upon her duties with a full knowledge of the hospital and its discipline, she will not find her task nearly so hard.

There is still another method which in time may prove a solution to the problem. Instead of having domestic science graduates take

part of their course in the hospital, why not have graduate nurses take a course of one or more years in domestic science, thus fitting themselves to become dietitians? Many of our large hospitals are sending one or more of their graduates each year to take the course in hospital economics at Teachers College, Columbia University, there to prepare themselves for various executive positions in the hospital. Why not send some of the graduates to take a course in domestic science in the same college? Surely a girl who has had a nurse's training and then a domestic science training as well would be the ideal dietitian for the hospital. Being a nurse she would be better able to work in with the other head nurses. <sup>¶</sup>She would understand thoroughly the dietetic needs of the hospital and the needs of the nurses intrusted to her for instruction.

The two methods above are only suggestions and there may be many other ways of accomplishing our end, the efficient training of the dietitian for work in the hospital. This will be brought about in time by some coöperation between the hospital and the domestic science school. For the dietitian, the usual domestic science course should be supplemented by more extensive work in dietetics and invalid cookery, also methods of institutional cookery in large quantities.

About a year ago, in the State Normal School in Santa Barbara, California, there was started a course in dietetics designed for registered graduate nurses. This course was planned by the president of the Normal School, together with a committee appointed by the State Nurses' Association. Its object is to train nurses to become competent dietitians. The course covers a period of one year and is peculiarly adapted to give the dietitian everything which is necessary for her work. This experiment is still in its infancy, it is too soon to say how it is going to work out. The prospects, at present, are very bright, however, and it will not be long before the hospitals of California will be supplied with dietitians, who are themselves trained nurses, who have had a well-adapted course enabling them to teach dietetics and invalid cookery. May many more of our states follow this good example.

The question of training the dietitian is bound to be taken up by hospitals and nurses all over the country and the result will be a very different training for the dietitian of the future. The hospitals also must, to a large extent, modify some of their demands on the dietitian. Many dietitians are today doing, besides their own special work, also the work of housekeeper and purveyor for the hospital. We must lay down a definite line of work for the dietitian in the hospital and then give her a training which will make her equal to her task.

## ETHICS—THE PROBATIONER

By SARA E. PARSONS, R.N.

*Boston, Massachusetts*

"There is no higher mission in life than nursing God's poor. In so doing a woman may not reach the ideals of her soul, she may fall far short of the ideals of her head; but she will go far to satisfy those longings of the heart from which no woman can escape."—*William Osler*.

Presumably she enters a training school with a desire to qualify for the work. It is seldom that she approaches a hospital in a purely experimental attitude. She believes a nurse's life will be hard, that there will be many disagreeable tasks in connection with it, but she does feel that she will be doing something worth while and she hopes to please and be accepted at the end of her probation.

She is seldom prepared for the exacting routine of the life, for the personal criticism that is often brusquely given, for the official differences among the various hospital workers and only one who has gone through it can quite appreciate the strangeness and sometimes the unpleasantness of it all. Often during the first few days many a nurse would have fled before she had had a chance to really know what the work was like, if it hadn't been for the fear of ridicule from friends who would say, "I told you so!"

The probationer will need to keep her ideal constantly in mind and dedicate a few minutes every day to its contemplation because there will seem to be myriads of hands pulling it down. There are so many things that come before the actual act of relieving suffering and assisting at critical operations! The making of beds, one's method of hair dressing, one's posture, etc., have assumed an almost grotesque importance as it seems to the young probationer. Thrown on her own class for society, when she is in a strange place, a long way from friends, she is in great danger of making unwise intimacies. Many attractive and entirely reputable individuals may prove not to be the most desirable and helpful friends. It is much easier to involve one's self in an intimacy than it is later to extricate one's self from it, so it is wise to refrain for some time from an intimacy that will warrant intrusion or time-consuming visits. It is better to be somewhat lonely at first than to form premature friendships.

The probationer needs to realize that the rules are commands and not merely suggestions and that they are to be obeyed literally. If she

is not willing to accept them in this way, or if she finds them unreasonable or obscure, she should go with her problems to the superintendent. It is a matter not only of duty but of courtesy, while a probationer, to conform to the rules and when once accepted as a pupil in the school, which involves loyalty to the institution, her obedience becomes a matter beyond question.

The probationer is usually fairly discreet, often awed by her new surroundings and conscious of the fact that she is on trial. If she errs at all, it is apt to be in her social relations with the other probationers rather than in her conduct with or towards her instructors. It is often hard for those who should become acquainted with the probationers to get a real knowledge of them on account of the unnatural relations established by the probationary system.

Unless a probationer is unusually sophisticated and quite sure of her ability to stand the test of a preliminary course, or is indifferent toward the final decision, she is almost sure to be at a disadvantage. Her best and her worst qualities may be obscured. The person who has by far the best opportunity to judge of the probationers' moral qualities is the practical instructor who has the class in the most intimate relationship for the longest continuous period of time. During this preliminary period of test, the probationer must realize that she is entering a new world where life and death may depend upon the intelligence, fidelity and accuracy with which the work is done. Efficiency and accuracy demand the closest attention to business every minute when "on duty." It is to insure this attention that the nurses and doctors are required to conform to certain rigid rules of conduct.

*Hospital etiquette.* This consists of the professional recognition of the relation existing between the subordinate and a superior officer. In its perfection the subordinate will be alert in rising to a superior and she will show by her expression and attitude that it is her pleasure to be of assistance to the other. This is rendered easy if the superior officer is courteous and dignified in his or her behavior. However that may be, a nurse should never permit herself to be remiss in her own professional attitude and if she rightly appreciates the true significance of hospital etiquette she can adapt herself to the rather unusual situations with a pleasant dignity and without servility.

Our system of official distinctions with its military etiquette has the disadvantage of giving an artificial importance to the person who happens to be the superior officer. It is a strong character who is not unduly exalted by the attentions and obvious deference that are paid to his or her position and it is a strong character who, as a subordinate, conscious perhaps of more natural ability, of superior refine-



ment and birth, can show respect for the office regardless of her personal opinion of the man or woman who fills it.

Every nurse permanently or temporarily in charge of a ward will regard herself as a hostess to all others who visit the ward. To orderlies and domestics the nurses' attitude should always be considerate and dignified. These members of the hospital staff, if they perform their duties conscientiously, are worthy of every one's respect and their work should not be made more difficult by inconsiderate treatment on the part of nurses. There are many small ways in which the nurse can show just consideration for her co-workers that will win their respect and interest. The nurse who will pick up after herself in the kitchen or put the tins soaking after she has emptied them, who will speak appreciatingly when the maid has made a special effort to do her work well, is exercising tact and kindness and establishing a habit that will serve her well in many difficult situations. The nurse who thoughtlessly calls an orderly away from one patient with whom he is working to do something for another which she might do herself, is creating antagonism and dislike toward herself on the part of the orderly that does not make for harmony.

Familiarity, coaxing or flattery are never necessary or permissible and if indulged in show lack of judgment or breeding. We are all susceptible to considerate, courteous treatment, even they who are large minded enough to do their duty when working with those who disregard courtesy.

*Rules.* Aside from the ordinary rules that are needed to regulate the institutional life, a few special ones have been found desirable in most places.

Never borrow as a habit and *never* without permission of the owner of the article borrowed. Borrowing is nearly as bad as stealing, when one appropriates another's property without permission. The consequences are often as serious.

*Social relations with men.* Whatever the rules of the school are, nurses must expect to obey them when connected with it. If the rules prohibit the acceptance of social attentions from men in the hospital, they are for the best good of the nurses and the work of the hospital. If men could be relied upon always to treat other women as they would wish their sisters treated, or if social relations between the young men and women in hospitals never interfered with the performance of duty, rules might not be necessary. A nurse should be above clandestine affairs of any kind and she may well distrust a man who offers her attention, knowing that she cannot safely or honorably, as far as her school affiliations go, accept them. It would be absurd to suppose

that a nurse can spend three years in a hospital working intimately with men under conditions that bring out all the innate human qualities admirable and otherwise, without making some friendships. These friendships, if real, will last in spite of social restrictions until such time as one or the other has severed his or her official connection with the hospital.

*Instruction.* Many errors would be avoided if probationers and young nurses never took instruction from any but the head nurses or supervisors.

*Health and illness.* Probationers must not feel discouraged because they get tired at first. If they have not been accustomed to active work that calls all the faculties into play as nursing does, it will take time to accustom the brain and muscle to the unusual demands made upon them. One of the advantages of hospital nursing is the comprehensive exercise of body and mind with regular habits of sleep and meals.

It is normal to get tired and if one is rested after a night's sleep there is no cause for alarm. A nurse should begin as a probationer to apply to herself the instruction received in hygiene. She should not spoil her appetite with candy between meals, nor her night's rest with a late and hearty supper. Boxes from home are doubtful kindnesses. Above all things, a nurse should train herself to eat everything that is wholesome and to eat what is served without complaint, unless the food provided is so poorly chosen, cooked or served that a complaint at the training school office is justified. It is to be remembered that it is impossible to cater to everyone's individual taste and if boiled dinners were struck off the menu to please certain people, there are others who would feel it a deprivation.

Nurses may find their work taking them into all sorts of homes, into any country, and the useful and happy nurse is the adaptable one who does not depend too much on material comforts. This is not intended as an excuse for hospitals that do not provide their nurses with a good and varied diet, but to complain as many people do complain, habitually, about food and to have one's day spoiled if a meal has not been to one's particular taste is vulgar.

Nurses should of course take daily baths, but not hot baths which are often too stimulating for a few hours afterward and enervating in the long run. A nurse should be fastidiously clean and well groomed. Frequent local baths and sufficient changes of clothing are necessary. Hair, hands and feet should all be kept in good condition. Prophylactic treatment for the teeth is recommended.

It is very important that any wound or abrasion of the skin on the

hands should be promptly cleansed and protected by a collodion dressing.

The hands should always be washed and well dried before going to meals. The habit of rubbing the eyes with one's hands should be avoided and for the sake of cleanliness the hair should be dressed in such fashion that it is not necessary to keep brushing it away from the eyes and face. An individual towel pinned under the apron should be used and it should be remembered that individual use of brushes and combs is as necessary for sanitary reasons as that of individual tooth brushes. The selection of toilet articles like soap, hand lotions, tooth pastes, etc., should be carefully made.

Going into a new environment she may have gastric or intestinal disturbances or sore throat. These conditions must not be neglected but should be reported to the proper authorities immediately.

Although nurses and doctors often have to ignore their own physical discomfort in the performance of duty and would be unfit for their high calling if their own comfort were their first consideration, it is poor judgment to omit the "ounce of prevention" when so situated that competent advice may be secured. Also one must remember that one's best work cannot be done when conscious of one's own body all the time. There is the danger too with heavy colds and sore throats of spreading infection to one's associates.

*Manner.* Cultivate a quiet way of moving and talking. A quiet nurse will never offend because of her quietness. A noisy person will often find herself criticised and actually disqualified for the care of certain types of patients, so if the fault is not corrected during training, it will make her unsuccessful in private practice or as an executive. A pupil should not feel hurt if corrected for mannerisms. It is very desirable that a nurse, because she comes in such close contact with people who are sick and, perhaps, abnormally sensitive to the peculiarities or defects of those who serve them, should have a well-bred dignified demeanor. Lounging, leaning on furniture, carrying the hands on the hips, staring, snuffing and various other habits of which one may be unconscious, are awkward and are disagreeable to most people, sick or well. The essence of good manners is to try never to do anything unnecessarily that might offend a fastidious person. Besides that, it is desirable to conform to the accepted standards of social custom. Some practices, such as eating with a knife or leaving the spoon in the cup, are not serious offenses in themselves, but such deviations from custom make a person conspicuous and that is to be avoided. It is unfortunate that in the pressure of hospital life it is easy to acquire bad manners. Many doctors, and nurses as well, who have had

most careful home training become careless about many things, trifling in themselves, but extremely annoying to patients. Walking unannounced into a patient's room and needlessly exposing patients are the commonest faults. A probationer should try particularly not to err in these ways and to be so alert that she will later prevent intrusion and unnecessary discomfort for her patients.

It is often necessary to interrupt a conversation to give some message that cannot be delayed. Of course, one should always excuse oneself instead of breaking in abruptly. Sometimes it is possible to write the message and hand it to the person to whom it is to be delivered, which is the least obtrusive interruption.

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### ETHICS AS APPLIED TO THE WORK OF THE SCHOOL NURSE III

Through coöperation we accomplish the most good to the greatest number of people, so with the field nurse coöperation must be the keynote. The nurse who desires to obtain the best results in her schools must work in harmony with everyone from the principal down to the least important member. Some principals, through lack of understanding of the nurse's duties and aims, are indifferent to her efforts. This indifference, though discouraging, need not prevent her from accomplishing much. A pleasing address, with good judgment and tact, often go far toward obtaining and preserving cordial coöperation. . . . The room assigned for her special work should always be left in good condition. Bearing in mind that the principal is supreme in his school and that his authority should not be infringed upon, will often save embarrassment and friction.

LUCILLE PEPOON.

[Through a series of mishaps, the former installments of this series were not correctly credited. The authors are: April JOURNAL, Marie McLaughlin; May JOURNAL, page 962, Genevieve Conway; 740, Daisy Sampeon; 757 and 762, Anna Beaton.—Ed.]



## OUR NIGHT NURSES' SUPPER

By MARY A. LINDSLEY

*Chicago, Illinois*

For some time we had not been satisfied with the manner in which our night nurses' supper was being served. Certainly it gave rise to discontent on the part of our student nurses who were on night service in Cook County Hospital. I happened to overhear two of the students protesting at being posted for night duty.

"It isn't that I mind night duty on the wards," said the first.

"Or that I have to sleep in the daytime," said the second.

"But it's the supper," added the first. "The food is so cold and tasteless that I don't enjoy eating it one bit."

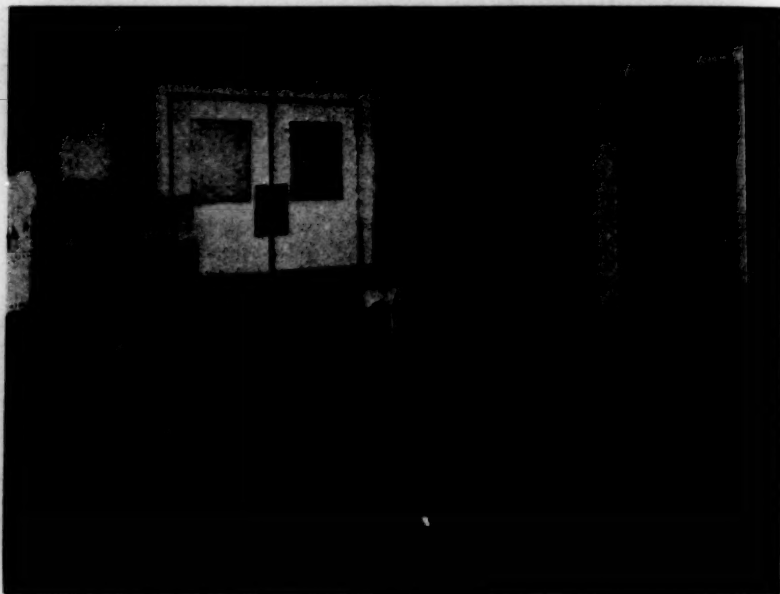
"Well," finished the second, "I should say not. I wouldn't go down to supper at all, if only the supervisor wouldn't report me."

On investigation we found real reason for the complaint of the nurses, for the supper was served in an unattractive room in an old part of the hospital. Though the food was identical with that served in the home at noon, the cooking apparatus was so inadequate that the dinner was unpalatable by the time it reached the table. All persons on duty were seated at the same long table and altogether it was a dismal way for night nurses to get their main meal.

Our Board of Managers considered making some change which would better the situation and finally concluded that the midnight meal could be handled better and more economically if it were brought more directly under the home management. The first step was to secure better accommodations, as we felt that the trouble was largely due to the inadequate equipment in the old dining place. Accordingly the president of the Board and the head of the Nurses' Home went, with some trepidation to be sure, to plead with the Warden of the hospital for better quarters. They found him, however, entirely sympathetic and eager for the nurses to have the best possible accommodations. He agreed with them that everything should be done to make the night service as tolerable as possible and kindly arranged for us to have the use of three rooms, opening into each other, on the ground floor of the new hospital building. One room contained a marble sink, a modern improved coil refrigerator and a ventilated food cupboard. After installing a steel range and two tables, with the necessary kitchen utensils, we had a complete, clean and sanitary

kitchen and there was no excuse now for the inadequate preparation of the food.

When it came to serving the supper, we estimated that a cafeteria service would be economical, as it would do away with the necessity of employing waitresses, as well as give us a chance to utilize small quantities of food left from the service in the home. By serving these small quantities as alternatives to the regular bill of fare, perhaps a bit of cold meat, perhaps a few helpings of a dessert, we could offer a



NIGHT NURSES' CAFETERIA

greater variety to the nurses, and they would have the joy of selecting from several kinds of food that which most appealed to them. That variety is the spice of diet, is no new discovery, but we were glad to be able to apply it so satisfactorily. We all enjoy eating most keenly when we can have the feeling of exercising a little choice in the matter.

The night nurses and attendants altogether numbered sixty, but as they came down to supper in relays of about twenty at a time, it was possible to accommodate them at six small tables, each seating four people, placed in the two rooms in true café style. In order to keep

the food as piping hot for the last relay as it was for the first, we placed a small steam table with receptacles large enough for the required amount of food. A long counter-shelf, extending the length of the central room, and arrayed with plates of bread and appetizing dishes of food, made it seem like a genuine cafeteria, with this advantage, that there was no price list of foods hanging on the wall back of the counter.

It was gratifying to note how enthusiastically this change was



ANOTHER VIEW OF CAFETERIA

received by the nurses on night duty. They declare the food to be so tasty that they eat it with real zest, which means of course that they are getting the food values that their hard-working bodies require. The cafeteria service, with its variety of food, and the separate tables where friendly groups might gather and make their meal a sociable as well as a nutritious one, brought a novelty to relieve the monotony of the night duty. Then, too, the new dining room was so clean, so orderly, and so quiet and remote from the wards that it afforded restful surroundings and a much-needed chance for relaxation. It is need-

less to add that the nurses accept night duty with less protest, and finish their period of night work looking more rested and better fed. We have noticed, too, that they are better able to resist colds and infections than they were under the former plan.

Much interest in the "night cafeteria" has been aroused, not only among the other nurses, who eagerly await their turn to go on night duty and join the "lunch line," but among the employees and even the patients in the hospital. Visitors from other hospitals and training schools have also shown a great deal of interest, declaring that it is a plan that might well be adopted by their institution as a satisfactory way to serve the night nurses' supper.

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#### BRAN BISCUITS FOR CONSTIPATION

Bran,  $3\frac{1}{2}$  ounces

Agar, 90 grains, or  $\frac{1}{2}$  ounce

Eggs, 2

Salt to taste

Put the agar into a small dish with a cup of water. Boil until dissolved. While this is boiling hot, the bran, which should be warm, is beaten into it to make a rather thick batter. Add the eggs, beaten as light as possible, also a little sugar, if desired, and the salt. The mixture is then poured in gem pans and baked. Chocolate or other flavoring may be used.



## DISEASES OF THE NOSE

By CHARLES R. C. BORDEN, M.D.

*Boston, Massachusetts*

For so prominent an organ, the nose is little appreciated or understood. All know of its usefulness in regard to the sense of smell, but few appreciate another function which is far more important. The primary duty of the nose is to warm and moisten the air before it enters the lungs.

The nose is a much larger organ than is commonly believed. The portion which lies upon the face is a comparatively small part of its organ. The length of the nose from the tip backwards is equal to that of the roof of the mouth. The height of the nasal cavity may be roughly estimated as the distance from the roof of the mouth to the top of the orbit. From side to side the nose is very narrow.

In the normal state, the cavity of the nose is divided into two equal portions by a vertical partition which is known as the nasal septum. The septum is composed of bone for about the posterior two-thirds, and of cartilage for the anterior third. The turbinate bones are two scroll-shaped bodies covered by soft mucous membrane and are given in the text book as three in number, arranged one above another on the outer wall of each side of the nose. Practically, there are but two turbinate bones on either side. These are known as the inferior and middle turbinates. The function of the turbinates is to warm and moisten the air.

The entire nose is lined with mucous membrane and is very rich in its blood supply. The immense number of tiny mucous glands secrete a large amount of mucous fluid. This, of course, is the moisture which is added to the inspired air in passing through the nose. If the amount of mucus secreted is greater than can be vaporized by the air, it slowly gravitates down the walls of the nose and finally drops back into the throat. This condition is what the layman knows as catarrh.

The nose is subject to accidents and to a variety of diseases. Fracture of the bones of the nose is a common occurrence. Many such accidents are not recognised and the nose is allowed to heal in whatever position the fractured ends of the bones may be. The deformity is often not noticeable, but frequently the damage to the functional activity of the nose is considerable. Any severe injury to the nose should be referred to a competent physician at once.

Acute coryza, or what is familiarly known as "cold in the head," is probably the most acute inflammatory reaction which occurs in the human body. Nearly everybody has it occasionally. Certain people have it practically all the time. Acute coryza, in its simplest form, is an acute inflammation of the lining membrane of the nose. If the process of inflammation is extensive enough to reach the cavities connected with the nose, then the head cold becomes more severe in its manifestations. Head colds usually occur immediately, or soon after, exposure to cold or wet. Certain head colds are undoubtedly due to direct infection from some specific germ. There appears to be considerable difference of opinion regarding the transmitting of head colds from one person to another. Some writers claim all colds are infectious. The writer, however, does not believe such a theory to be true. Simple head colds are, in my opinion, simply a mechanical process. Blood driven from one locality to another by exposure to cold or dampness, forces an increased blood supply to the nasal organ. Such a cold is attended by sneezing, caused by the swelling of the soft tissues which line the nose, and by a greatly increased secretion of mucus. Such colds are not as a rule attended with marked headache and pain in the back, legs, etc.

There is another type of head cold which does produce a marked systematic reaction characterized by all the symptoms of the simple cold, plus elevated temperature, headache, backache, etc. Among certain unfortunate people, marked neuralgic pain in the teeth, face or eyes form additional discomforts. This form of coryza unquestionably is brought about by bacterial invasion of the nasal region and it is quite probable that it is infectious and can easily be passed from one person to another. Such colds are most frequent in the colder months of the year but may occur at any time. The acute infectious cold is what is commonly known as "grippe." Grippe is a specially active inflammation of the nasal tissue accompanied by constitutional reactions, more or less severe. It is a dangerous condition, inasmuch as it is usually attended with a marked lowered vitality in other organs of the body and the inflammation has a tendency to extend to adjacent organs. Pneumonia, middle ear disease, acute inflammatory processes in the frontal and ethmoid sinuses, and the Antrum of Highmore, are common secondary complications which arise during or after an attack of the grippe. Chronic head colds are the results of other nasal conditions which will be described later.

Certain individuals take cold upon the slightest exposure. Such a tendency is usually due to abnormal anatomical or physiological conditions of the nasal septum or turbinate bones.

In order that the nose shall perform its functions perfectly at all times, it is necessary that the nasal partition shall be straight and the turbinate bones remain in their normal position. If one side of the nose is larger than the other, considerable trouble is bound to arise. Unequal nasal cavities produce frequent head colds, headache, neuralgia, catarrh, deafness, chronic sore throat, sensitive lungs, laryngitis and other disturbances of health and comfort. In the case of head colds,—unequal nasal cavities give rise to one attack after another. This is easily proven by the marked relief from coryza which is obtained after the submucous resection operation for deflected nasal septa. The improvement is almost magical in the majority of cases.

The treatment of head colds is divided into local and constitutional measures. The time-honored remedy, quinine, has little or no value. In the early stages, head colds are often aborted by freely opening the bowels and the skin. A hot bath, followed by Dover's powder, and hot drinks just before retiring, are an excellent method of treatment if taken early enough. Calomel, in doses from one to three grains, given in one dose on retiring and followed by a saline in the morning, is another excellent remedy. (Do not give calomel in one-tenth divided doses every ten or twenty minutes and expect results.)

When acute coryza has become firmly established, constitutional medication has little effect. Rhinitis tablets, frequently given to check the over-abundant nasal secretion, act by virtue of the belladonna or atropine in them. They appear to afford relief in certain cases, while others are more distressed with the dryness in the throat than with the secretions from the nose.

Local treatment of coryza consists of alkaline or oily sprays—solutions of cocaine or adrenaline—inhalations of hot steam containing benzoic, iodine, menthol, etc. Cocaine should never under any circumstances be used in connection with a head cold. Solutions of adrenaline afford great relief for a certain length of time, but the question arises,—is the secondary reaction not more harmful in the end? A solution of argyrol, 10 to 20 per cent, affords great relief and appears to allay the inflammation permanently. Camphor, menthol, etc., in liquid petrolatum, sprayed into the nose often give relief. Watery solutions should never be sprayed into the nose when the acute symptoms are present. Later, when the secretion becomes thicker and the sneezing, swelling, etc., have subsided, unirritating watery solutions such as Dobell's or normal salt solution, may be gently sprayed into the nose. Such a practice is attended with some danger, however, as the solution may find its way into the Eustachian tubes and cause disturbance with the middle ear.

Marked pain over the eyes, or immediately under the eyes, attended with soreness of the teeth, mean involvement of the frontal sinus or Antrum of Highmore. These are serious conditions and cannot be overcome by household remedies. In case of severe pain, ice or heat may be applied until medical aid be secured.

Nasal catarrh is the name given by the laity to over-secretion from the nose falling into the throat. It is a very common occurrence and is popularly supposed to be incurable but not especially dangerous. Exactly the opposite is true. It is quite dangerous and is, in most cases, curable. Chronic rhinitis or "catarrh" is the great enemy to the hearing apparatus. It is a common cause for sore throat and laryngitis and it is a frequent source of indigestion.

Chronic rhinitis, in the majority of cases, is not a diseased process. If all the mucus secreted in the nose is vaporized by the air passing through it, no dropping of secretion will occur into the throat. On the other hand, if most of the air passing through the nose finds its way through but one side of the nasal organ, then the mucus secreted by the small side will not be vaporized. Many people breathe through but one side of the nose most of the time. It is such people who have nasal catarrh, deafness, laryngitis, etc. No amount of washes, sprays, ointments, etc., will give relief. This, of course, is the reason the trouble is supposed to be hopeless of cure. Modern nasal surgery has done much for the condition, and brilliant results are often obtained.

The reason for one-sided nasal breathing is most commonly due to a bent nasal partition. The bend may be a simple bow-shape, or it may be compound like the letter "S." With a bent partition, one side is too large, and the other, too small. With such a condition a curious phenomenon occurs. Nature attempts to rectify the condition, not by making the small side larger, but by making the large side smaller. Nature in this respect fails utterly to remedy the evil, as the final result is that both sides become too small. Nature's attempt in this case is to equalize the passages in order that the air stream may pass equally through both sides. Formerly the turbinate bones were cut or cauterized, in order to restore air spaces in the nose, but such a practice is frowned upon by the better specialists at the present time. *Destroying turbinate tissue, if it can be avoided, is a surgical crime.* Bent nasal septums are very uncommon in young children but are exceedingly common among adults. Mouth breathing among children is due to the pressure of adenoids, or to abnormally narrow noses. In adults, it is most frequently due to the presence of deflected or broken nasal septums. If the bend in the septum is corrected, the swollen turbinate



will care for itself, if the condition has not been present too long. In cases of long standing, the turbinates undergo structural changes which render them unfit to perform their natural duties, and they are unable to resume their natural form and size. Such turbinate structures sometimes require partial removal to allow normal nasal breathing.

Actual or partial loss of the sense of smell is not uncommon. Complete loss of smell may be due to a destruction of the nerve terminals in the nose, but it is more apt to be due to a simpler cause. In many cases the nose is so swollen, the air is unable to reach the nerve terminals and is thus unable to stimulate the nerve. In one of my cases the sense of smell returned after being absent sixteen years. This occurred after a large number of polypi were removed. A number of other cases have regained the sense of smell after having lost it from a few months to several years. Loss of the sense of smell exposes persons to more or less danger, as they are unable to recognize irritating or dangerous substances, such as illuminating gas or smoke.

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### IMPROVISING

By HELEN W. KELLY, R.N.

*Chicago, Illinois*

An improvised wheel chair, devised by Mrs. H. E. Hayward of the Indianapolis Public Health Nurse Association, consists of an ordinary rocking chair, with two pairs of roller skates firmly strapped to the rockers. As roller skates are to be found in most families, this suggestion may be helpful to the private duty nurse.

## THE VOICE AND ITS INFLUENCE

By WALTER B. SWIFT, M.D.

*Boston, Massachusetts*

The training of the nurse in the medical care of patients lies for the most part in methods and tasks that change from patient to patient but I wish to present a few ideas that can be used in every case and at all times. I shall not attempt to present the old material of the nurse's training in novel garb but to offer something new which can be employed of all occasions with equal profit and success.

In a splendid school for nurses which I have had the privilege of watching minutely for one year, there was never a word of instruction upon the important subject of the nurse's voice. The same is true of many other schools with which I have had a more distant connection; yet my subject is of great importance to the nurse and has not been mentioned only because it has been unknown.

A brief review of brain physiology will be helpful as an introduction to my more immediate subject. In the middle of the left hemisphere of the brain, as you know, lies the important fissure of Rolando. The convolutions just in front of and behind this fissure are very important. The one in front is the motor area where the cells regulating muscular motions are located. Behind the fissure of Rolando lies the sensory area which registers sensations received from the body. Now, the motor region controls the larger motions, such as grasping, reaching, holding, but not the much more delicate and complex motions, like writing. These are controlled by nerve cells near the motor area but outside it. This specialized function and control by a higher center is found also in the sensory area. Just back of the arm area in the sensory field is an area where the cells interpret sensations sent up to the great sensory arm area, guiding arm sensations over into conclusions, interpreting nerve sensations, acting as a seat of final judgment as to what things are. This function of recognising external objects is called stereognosis. We know of the existence of these higher controlling centers because when they are destroyed these functions no longer exist. Destruction of the higher refined motor area causes loss of the writing faculty known as *agraphia*. This construction of higher centers for control and interpretation of lower centers is a favorite method with the architect of the cortex. To give one more example out of many, visual sensations pass to a part of the cortex known as the cuneus and

are registered there as gross sensations, but outside that area is a higher center which, when human beings are seen, classes them as acquaintances or strangers, or, when letters are seen, puts them together into words. Pathologic lesions may destroy these functions also and lead to psychic blindness and word blindness.

We see, then, that it is the rule for sensations reaching the brain to branch out into correlated centers for interpretation and for motor impulses passing from main centers to be guided by more refined, discriminating and highly specialized parts.

With these higher interpreting centers in mind, let us turn to the voice and see whether there is anything analogous in its perception and production. For our purpose, no centers need be named or located. If, in the mere outward expression of voice we find clear evidence of the control of higher, more discriminating centers, then we may safely conclude, upon the analogy with the action of the arm and eye centers, that corresponding anatomical divisions, ranging in size from a cell to nuclei and larger areas, do actually exist. If I can show that the voice is capable of making fine and delicate discrimination analogous to those of the hand in writing or of the eye in recognizing a friend, then I may safely assume that there is a higher center of voice control like those in the arm and eye areas. Wherever there is a function, there must be an organ to perform that function.

Let us consider first the voice as heard, that is the sensory side. A neighbor says to me: "At nine o'clock this morning I saw Mrs. Jones enter her car with her dog. The dog went first and sat on the seat. Then Mrs. Jones followed and the chauffeur took his seat and drove away." The whole meaning of these words is in their denotation. No more is meant than what the words themselves, in their simplest sense, convey. There is nothing suggested by them, nothing insinuated or connoted, nothing logically implied.

But let us take another case. A friend tells me about a patient who is known to exaggerate her symptoms, "Your patient is complaining severely." I reply, "I should worry." The connotation of these words of mine is the exact opposite of their denotation. Or suppose a man tells me he has accomplished a feat which seems to me impossible. I say to him, "Yes you did!" It is clear that my reply is only a politer way of saying, "You did not. I don't believe you." The implication of the words is just the opposite of the sense which the words themselves convey.

Again, some one asks, "What makes the baby cry?" The answer comes, "She just slipped and fell." Here the obvious intent of the answer is to lead the listener to infer from the fact as stated that the

baby cried because she fell, but the words do not say so. She may have been punished an instant before she fell. In this instance, the words play for an inference upon the mind of the hearer and he passes through a logical process to the reason he asked for and did not receive.

From these three examples you see that the hearer may get the meaning of mere words or may get an idea opposite to the meaning of the words or may be led to infer a fact from a statement. In other words, so far, the higher sensory centers that have been called into action to interpret these three cases have had to deal (a) with the ordinary meaning of words, (b) with a previously learned connotation of some set phrase, and (c) they have had to draw a logical inference.

But now, setting these matters aside, let us take up an entirely different set of cases which are not to be explained by the simple understanding of mere words, by a familiar connotation superimposed or by a logical inference. I say to my dog in a kindly voice, "Come here, poor puppy," and he comes. I say to him, "Get out of here" in a rough voice and he departs at once. But if I keep the voices the same and transpose the words, the dog goes at the first order and comes at the latter. It is the sound of the voice and not the words to which he reacts.

"Yankee Doodle" is a light, lilting jingle and is commonly recited in a joyous rollicking rhythm, and at a swift pace. But suppose that Yankee Doodle's mother had just died and that he was coming to town solely to attend her funeral. If one recites a verse of the song with this interpretation in mind, the corners of the mouth are drawn down, the voice is low and mournful, one prolongs the vowel sounds and dwells upon the broad, open sounds that are capable of producing a lugubrious effect. Or take the first ten lines spoken by the witches in *Macbeth*. No two readers would recite these lines in just the same way because each individual feels a different emotional content in them.

All these illustrations conclusively show that we habitually depend in our speaking upon an extremely delicate and complex capacity in our hearers for the higher interpretation of the spoken word. In other words, the sensory side of voice perception is highly developed in all educated persons, and the greater the culture and refinement of the individual, the more delicate and discriminating this faculty is found to be. This is the sensory perception of vocal expression. It is hearing deeper than the mere words. It is becoming delicately sensitive to a high vocal content. In medical terms it is development of new cortical centers above the low and gross hearing center which can interpret from previous experience what the lower centers register. I feel an object in my hand. Then I say, "That is a nickel." The center



of stereognosis has acted. I listen to words and say, "He is commanding." Those who cannot interpret the voice should not say, "There is no such center," but should modestly say, "In me it is yet undeveloped."

Those who hear mere words and react upon their meaning as such, or those who hear words and react upon connotations established by custom, or those who hear and act upon the logical implication of words and who sense no more in the voice, have the vocal interpretation center as yet undeveloped.

Thus much for the sensory side of voice and its interpretation. More details seem uncalled for. Clearly, it behooves you to pay some attention to the voices of your patients, to read their meaning, see their intent, sense the whole background of their voices. There are several steps to be taken in doing this. First, get the individual's vocal norm; then study usual variations under normal conditions; then look for his pathological vocal changes. Thus you will be ready to judge and interpret a voice in any mood.

The nurse should develop her powers along these two channels: first, she should train her ear and mind to catch the most delicate, half-hidden shades of meaning that words can be made to carry in order that she may more quickly understand the needs and feeling of her patient; secondly, she should train her imagination and her voice to such a degree that she will be able instantly to place an intense content, a great weight of added meaning, upon the mere words that are uttered. The sympathy and understanding expressed in the tones of a finely modulated voice are more effective in gaining a patient's confidence than any mere words uttered in a careless tone can ever be. But it is only the trained voice with the keen, alert brain back of it that can accomplish this.

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#### HOT COMPRESSES

By ELIZABETH S. ROBERTSON, R.N.

*Waddy, Kentucky*

In applying hot compresses of large size, wet the compress with tepid water, then go over it rapidly with a very hot flatiron. The advantage is the increased steam, which will hold the heat longer.

## THE IMPORTANCE OF GOOD TECHNIQUE AS A PREVENTIVE MEASURE

By MABEL F. HUNTLY, R.N.

*Chicago, Illinois*

We are told that the practice of medicine is, today, largely a matter of prevention. It is also true that medical schools all over the world are establishing chairs of preventive medicine; many text books are being written on the subject; immunising serums are coming to be generally used; efficient health boards are supervising the preparation and distribution of foods and drugs, and the conditions under which the laboring classes are employed; while all this is backed by better and better legislation and nurses are growing very familiar with the new title: "Our greatest preventive agent."

The new title has been well earned. A nurse who takes up a district, either in the city slums or the country, finds that the work cut out for her is largely that of awakening the people in her care to the need of better sanitary conditions and then teaching them how to secure them. Along with this she finds herself instructing the housewife in the kind of food to buy and in its better preparation for the consumption of the adult members of the family, as well as showing her how to feed the freshly weaned, or bottle fed baby. Day by day, she is training her charges to better care of their own health with proper feeding, clothing and bathing, and also to consider the health of the neighborhood by caring for the back yards, garbage pails, outhouses, stables, etc. In fact, whether in the home or on private duty; in the district; the school; the factory; or on the lecture platform; the nurse is a well recognised educational factor in this great movement towards freeing the earth's population of disease, by teaching the individual to live according to the laws of hygiene.

But this is not all of prevention; we have disease itself to deal with. We now know that most diseases are, under favorable conditions, self-perpetuating, and in this field of work the physician has found the nurse his able lieutenant in limiting the spread of disease. She has a good working knowledge of bacteriology and its relation to disease; she understands the technique of disinfection and of sterilisation; she appreciates the value of fresh air and proper nourishment for the disease-ravaged body; she can tell you all about the difficulties which all pathogenic organisms meet if the body which they select as a host

has a high degree of resistance; if it can immediately send a sufficient number of scavengers to meet the invading army. There is no doubt but that the nurse who has received her instruction in an up-to-date training school is theoretically well equipped to hold her title of Our Greatest Preventive Agent.

At last, the murder is out, for this paper is not being written for the purpose of praising the Preventive Agent, but with the intention of finding fault with her. There is many a fatal slip between the acquisition of the theory and its practical application; for, with all the careful instruction given and the many careful workers produced, we yet too often see the nurse who is a faulty technician. This may be the fault of the individual, of the training school, or of both. It is true that many schools lay any amount of stress upon the importance of handling sterile material in an aseptic manner, give demonstration after demonstration in the surgical department, and leave the nurse to perfect her own technique in the handling of infected material. Let us see how she may perfect that technique.

She puts a gown over her uniform, perhaps, when she goes into the room of her typhoid patient but if, in the process of giving a sponge bath, she requires more ice, the gown is worn into the diet kitchen, where the ice box is to be found. Oh yes, she has been taught "to have everything in readiness," but,—well, watch the next nurse whom you see array herself in a gown when she goes in to her "typhoids" and see if that gown is consistently worn. Have you ever watched a sputum box from a patient's bedside table to its final destruction? Suppose it to be a tin holder with paper re-fill. The inner cup with contents is burned as directed, but how many times will you see the holder sterilized, each time the paper cup is removed? And if the holder is replaced with a fresh one, frequently the whole technique of the change is anything but aseptic. Perhaps cup and holder are carried to the bath room, put down on the porcelain basin, a windowsill, or a chair, the inner cup removed and put into the waste pail. The nurse takes the fresh cup to the patient and returns to sterilize the first one or, if some other duty calls, it is left on the windowsill until a more convenient moment. Suppose the nurse is "only a probationer" and she has been told to change all the cups in the ward. As she knows no better way, her technique is like the above. How much contamination she has accomplished on her round. Is she an agent of prevention? If she starts her work in this way and receives no further instruction, she will always handle sputum boxes as described and will believe that because she ultimately burns the contents and sterilizes the cup, no one could do better.

Let us see what she might do, and save time and contamination. In the hospital which appreciates the necessity of prevention, paper toweling will be found and square bottomed, strong paper sacks. Our probationer tears several of these towels into convenient pieces, secures three paper sacks and, in one of them, places her supply of sterile cups with the refills in place. She goes to the bedside of the patient, farthest from the utility room door and places her sacks all on the floor; she takes from one of them, a fresh cup and places it conveniently near the patient. Using a bit of clean paper over its handle, she lifts the soiled cup, and its handle, and with another bit of the paper over the re-fill, removes it and drops it and the paper into the empty paper sack, immediately dropping the tin holder from her other hand into the second empty sack. She carries her sacks to the next bed, and so on, down the ward. When the sacks are filled, or the cups are all changed, she returns to the utility room, puts the sack of refills directly into the wastepail and empties the cups into the sterilizer. She has not touched a cup directly and, the chances are, has not contaminated her hands. However, she goes through her chemical disinfection and scrubs carefully with soap, water and a brush, before taking up her next piece of work. If a small dressing car is available, a still better way would be to place sacks and clean cups, together with a dish of disinfectant, on the car, giving her the opportunity to use the solution after handling each cup as she passes down the ward.

A physician asked a nurse how she disinfected the buttocks of the typhoid patients of her ward after defecations. That physician did not dream that more than half the time patients were left to care for themselves, the nurse believing she had performed her whole duty when she carried the patient a pan and toilet paper, and later took the utensil to the bathroom and disinfected it, its contents, and her own hands. She had not thought of the contamination of the patient's buttocks, hands and bed linen. Certainly, such technique is taught by no training school, but many nurses are guilty of the practice, when trying to do up their ward in the limited time or when, in caring for male patients, they are actuated by feelings of delicacy.

Apparently, there are at least four things which are essential in the production of nurses who are good technicians. First of all, the young nurse must have what has come to be called an "aseptic" conscience. Now, the aseptic conscience doesn't differ from the ordinary variety except that it is a conscience which will hold one to the straight road through days and hours of petty detail, which is often most wearisome and where little oases of relaxation are fatal. To quote our own Red Cross calendar, "Nothing is worth doing in the work of



life that is without details that are dull," and certainly this is very applicable to the work of nursing.

The second essential is a technique which is as perfect as time and thought can produce. Every move which a nurse makes in the actual performance of her duties should be planned for her for months. It is long past the time when we believed that, given the patient, a few utensils, and a few directions by a physician, a young woman would eventually train herself into a nurse. Our nursing textbooks are filled with directions as to the manner in which given operations should be performed, yet no one textbook has ever fulfilled the needs of any hospital unless it was devised for the use of that particular institution. Conditions, equipment and varying methods of treatment must be taken into consideration.

The technique chosen for a hospital is not of so much importance as is the enforcement of the technique, whatever that may be. A small private hospital was fortunate enough to secure as its superintendent of nurses a woman who found its greatest need was the establishment of a system by which the nurses should be directed in their daily round of duties and so, in the short year which she spent in the institution, she placed on paper directions for the performance of many of the operations which constituted the nurses' daily routine. It was her successor in office who made the comment, "The medical board asked for her resignation because she spent her time, as they said, writing a book, but she has established a system here which runs itself; she has left nothing for me to do." The successor was wrong. A good work had been left for her; that of seeing that the nurses maintained the technique given them. And this is our third essential, for adequate supervision is necessary every day of the time spent by the young nurse in learning the rudiments of her profession. The supervision should be so constant that it should be taken as a matter of course; the criticism, sympathetic and just.

Last of all, the hospital equipment should be such that the nurses may always practice the technique taught them. To be sure, a nurse is greatly handicapped if she has no power of improvisation, but she needs to familiarise herself with correct, up-to-date apparatus, while in training, so that when, later, she is thrown upon her own resources, she may have something to imitate. As most of us are better mimics than originators, she will never fail to be grateful for all the background which her school has furnished her.

## THE TEACHING OF MATERIA MEDICA

By A. S. BLUMGARTEN, M.D.

New York, N. Y.

(Continued from page 704)

### PREPARATION OF DOSES FOR HYPODERMIC OR INTERNAL USE

Before discussing this subject at length, I might say that it would be well to inaugurate radical changes in the methods for calculation and preparation of medicinal doses for hypodermic use. The methods now in vogue in most institutions consist of calculating and preparing required doses from stock solutions of various strengths. Such stock solutions are generally used for reasons of economy. It would be better to have always on hand standard doses of the commonly used substances and their usual combinations in the form of tablets. To administer these tablets, it is only necessary for the nurse to dissolve one in m. x-xv of sterile water, draw up this solution into the hypodermic syringe and inject into the patient. I believe the tablets are now replacing stock solutions in many institutions and certainly in private nursing. It is to be hoped that this practice will soon become more general.

At the present time it is customary for the nurse to prepare required doses from stock tablets or from stock solutions. If the dose ordered corresponds to the dose of the tablet in stock or to that contained in a definite number of minims of the stock solution, the process of administration is simple indeed. Frequently, however, the required dose cannot be obtained by such simple measures. It is then necessary to devise means whereby the proper dose can be easily obtained and prepared. In my experience the following methods seem to be the simplest: For the preparation of the required dose from the stock tablet, it is only necessary to divide the stock dose into the required dose. We then use that fraction of a definite amount of sterile water in which the whole stock tablet is dissolved. For example, to give gr.  $\frac{1}{15}$  atropine from a tablet of gr.  $\frac{1}{15}$ . Dividing  $\frac{1}{15}$  by  $\frac{1}{15}$  we get  $\frac{1}{1}$ . This is the fraction of the stock tablet to administer. We now dissolve the gr.  $\frac{1}{15}$  tablet in m. xv of sterile water and draw up into the hypodermic syringe minims x which is  $\frac{1}{3}$  of m. xv.

In preparing doses from stock solutions this method is too complicated, because we frequently find it necessary to deal with a number of drops or minims and fractions of a drop or minim in addition. To

overcome this difficulty I have devised the following method which has given the best results at the institutions where I teach.

We reduce the smallest fraction of a grain contained in one drop of the stock solution, and the fraction of the grain required, to fractions with the same least common denominator. We then take one drop of the stock solution and add to that as many drops of sterile water, as is indicated by the difference between the numerator of the stock fraction and the numerator of its equivalent fraction. Of this newly-made solution we use as many drops of water as is indicated by the numerator of the required fraction when reduced to its equivalent fraction.

This rule seems rather formidable; but the expression of the processes involved in the calculation is more difficult than their actual performance. A few illustrations will readily demonstrate both the simplicity and rationale of the method.

For example, the nurse is required to prepare gr.  $\frac{1}{15}$  of atropine from a 1 per cent stock solution. Each drop of the stock solution contains gr.  $\frac{1}{15}$ ; the required dose is gr.  $\frac{1}{15}$ . Reducing both these fractions to fractions with the same least common denominators, we have:

$$\frac{1}{100} = \frac{3}{300}$$

$$\frac{1}{150} = \frac{2}{300}$$

We now take one drop of the stock solution, and add to that as many drops of water as are indicated by the difference between the numerators of  $\frac{1}{15}$  and  $\frac{1}{150}$  which is 2. Of this new solution we take two drops; the number indicated by the numerator of  $\frac{1}{15}$ .

What is the rationale of the method? We cannot measure gr.  $\frac{1}{15}$  from the 1 per cent stock solution. We must prepare therefore a new solution of which each drop shall contain gr.  $\frac{1}{150}$ , because from such a solution we can measure accurately gr.  $\frac{1}{150}$  or gr.  $\frac{1}{15}$  its equivalent. This is contained in two drops of this new solution.

This method usually works well when doses less than that contained in one drop of the stock solution are to be administered. We shall encounter a difficulty, however, when we are to give a dose larger than that contained in one drop of the stock solution.

For example, the nurse is to prepare gr.  $\frac{1}{75}$  of strychnine from a 1 per cent solution. According to our rule we have:

$$\frac{1}{100} = \frac{3}{300}$$

$$\frac{1}{75} = \frac{4}{300}$$

Therefore we take one drop of stock solution and add two drops of sterile water to that. From this resulting solution we are to give four drops. But this is greater than the total quantity of new solution prepared. The object, however, of taking one drop of stock solution and adding two drops of sterile water is to make up a new solution of which each drop shall contain gr.  $\frac{1}{15}$  of strychnine. It does not matter, then, how much of such a solution we prepare, provided we maintain the same ratio between the amount of stock solution and the amount of added water. We multiply, then, the drop of stock solution and the amount of water to be added by any number which will make the total quantity of new solution greater than the number of drops of this new solution to be used. From this larger amount of new solution we may now use the requisite number of drops. In the particular problem under consideration we multiply the drop of stock solution and the amount of water which is to be added, each by 2. Thus we take two drops of the 1 per cent stock solution and add to this four drops of sterile water. We now have six drops of a new solution of which each drop contains gr.  $\frac{1}{15}$ . By taking four drops of this solution, we are giving the patient gr.  $\frac{4}{15}$  or gr.  $\frac{1}{4}$  of strychnine which is the required dose.

The study of solutions should not end merely with the calculation of the required amount of stock substance necessary to prepare a new solution or to administer a given dose. The pupil should be taught to perform the actual technique of measuring, dissolving, and administering, the required amounts or doses to be used. As soon as the methods have been mastered the pupils should be thoroughly drilled in solving numerous type problems. The instructor should select only those problems that are of practical value. Problems requiring the preparation of solutions that are seldom used or the preparation of doses which are infrequently given should be avoided.

The course on solutions should include a study of the basic principles of physical chemistry, such as diffusion, osmosis, dissociation, etc., as well as a study of the biological principles underlying the processes of absorption, excretion, etc. These processes form a definite basis for the proper methods of administering medicines and for a thorough understanding of many physiological and pathological processes. They can only be studied properly in the laboratory by actual demonstrations or the performance of suitable experiments.

I hope the time is not far off when every training school will be equipped with a laboratory specially fitted up for the study of solutions, where the pupils will be taught to perform every practical detail in the course on solutions as I have just outlined.

In many hospitals it is customary for the pharmacist to teach solu-



tions, and often, too, in the hospital pharmacy. I believe this method should be discarded. The work on solutions which the nurse has to perform and the problems she has to contend with are not those of general pharmacy. Such work and the problems involved are peculiar to nursing and should be taught in a specially equipped laboratory for that purpose, and by someone, be it doctor, nurse, or pharmacist, who is in thorough sympathy with the problems to be solved and the difficulties to be encountered.

#### THE TEACHING OF MATERIA MEDICA AND PHARMACOLOGY

Materia medica and pharmacology should be taught in both the first and second year of training. I have already outlined the course for first year pupils. The second year course should be given in the form of class recitations in small classes. These classes should be given about once a week, for about thirty weeks, with four reviews at various times in the course.

The instructor should outline a detailed plan of work for the year at the beginning of the course. She should prepare the list of drugs to be studied, those to be taken up at each lesson, the time to be devoted to each, the ones to be emphasized, the method of study, etc. The teacher will find the class work itself simple indeed, if the pupils have already completed their courses in anatomy, physiology, and chemistry.

#### THE DRUGS TO BE STUDIED

Needless to say it is impossible to study all the drugs in the pharmacopoeia or National Formulary, in a limited course. Then too, there are a host of new and non-official drugs which are generally used and which the nurse is constantly administering to patients. Many of these substances also require consideration in class, if the work is to be kept up to date and if the teacher is to avoid being continually plied with questions about them.

The following plan of study is one that I have used in my classes with considerable success. It is arranged according to a definite pedagogic plan. The simplest substances are considered first, while the more complex ones are considered in the order of their complexity.

*Lesson 1.* Introductory remarks of preliminary course briefly reviewed, emphasising nature of drug action, types of effect, such as local, general, pharmacological, toxicological, stimulation, depression, Classification.

*Lesson 2.* Local stimulants, such as mustard, capsicum, turpentine, cantharides, etc. Review function of stomach; gastric stimulants, such as bitters, digestives, emetics.

*Lesson 3.* Review function of intestines: cathartics.

*Lesson 4.* Review function of the blood and blood-forming organs: normal salt solution, iron, arsenic, and other drugs acting on the blood or blood forming organs.

*Lesson 5-6.* Review function of circulatory system: heart stimulants, digitalis group, caffeine, adrenaline, etc. (Lay special stress on digitalis.)

*Lesson 7.* Review cerebral function, cerebral stimulants, caffeine, and alcohol.

*Lesson 8.* Finish alcohol and take up cocaine.

*Lesson 9.* Strychnine (demonstrate effects on frogs).

*Lesson 10.* Take up briefly phosphorus, cod liver oil, and other general tonics.

*Lesson 11.* Pilocarpine and eserine.

*Lesson 12.* Uterine stimulants, ergot, pituitrin, etc.

*Lesson 13.* Diuretics (emphasize types).

*Lesson 14.* Review depression. Begin depressants, such as aconite, veratrum viride and nitrites. Emphasize practical uses and especially nitrites.

*Lesson 15.* Take up bromides and begin anaesthetics.

*Lesson 16.* Finish anaesthetics (emphasize).

*Lesson 17.* Hypnotics.

*Lesson 18.* Opium and morphine in detail.

*Lesson 19.* Antipyretics (emphasize their practical use) and toxicology.

*Lesson 20.* Gelsemium, valerian, lobelia and uterine sedatives, such as viburnum, etc.

*Lesson 21.* Discuss specific action and begin specifics. Take up quinine and begin mercury.

*Lesson 22.* Finish mercury and take up salvarsan and iodides.

*Lesson 23.* Salicylates, colchicum and atophan.

*Lesson 24.* Mention briefly vermicides, emphasize their administration. Begin acids and alkalies.

*Lesson 25.* Finish acids and alkalies and take up especially their toxicology.

*Lesson 26.* Study astringent action. Take up metallic and vegetable astringents.

*Lesson 27.* Study antiseptic action. Take up antiseptics.

*Lesson 28.* Local remedies: emollients, demulcents, etc.

*Lesson 29.* Serums, vaccines, etc.

*Lesson 30.* Organic remedies, radium, X-Rays, etc.

*Lesson 31.* The administration of remedies.

It will readily be seen from the above plan that the drugs are classified according to their principal effects. For the nurse I believe this to be the logical classification. The effects that drugs produce on patients are more important to her than the organs they principally effect.

The course should begin with a review of the preliminary considerations which have already been taken up in the first year. The types of effects should then be emphasized and the drugs to be studied should then be classified on this basis. They should be divided into two

groups: stimulants and depressants, arranged according to the organs they principally affect.

Beginning with the stimulants causing the simplest effects, the members of each successive group should be studied in detail. Then the depressants should be taken up in the same order. Before studying the members of any group it is essential to briefly review the anatomy and physiology of the organs they principally affect and the effects of stimulation and depression on these organs.

I usually begin with the study of the drugs acting on the skin because their local effects are most readily understood. After a brief review of the anatomy and physiology of the skin we may study the results of its stimulation, such as capillary, dilation, excessive secretion of the glands and the resulting reflex effects. We then lead up to the effects of excessive stimulation such as vesicant action, escharotic action, etc. On this basis such local remedies as mustard, capsicum, turpentine, cantharides, etc., may be studied. The pupils have generally already seen the effects of mustard or turpentine so that the local effects which these substances produce will be readily understood. In studying the effects we should always attempt to visualize the changes which the substances induce both in the anatomy and physiology of the organ or tissue, and to express these changes in the simplest English.

We may now consider the substances which induce local effects in the mouth, stomach and intestines. The anatomy and physiology of these organs should first be briefly considered, as well as the changes in their function resulting from stimulation or depression. Thus we may show how a bitter causes an excessive secretion of digestive juices and the study of bitters may be taken up. Digestives may then be studied when the process of digestion has been elucidated. In a similar way the vomiting produced by excessive gastric stimulation or irritation may be explained and emetics considered. Cathartics are then taken up but are preceded by a study of the effects and *modus operandi* of the intestinal stimulation.

All the drugs studied thus far have produced only local effects. The study of drugs producing effects after absorption are now taken up. This should be preceded by a thorough study of absorption, excretion and the biological factors which have a bearing on these processes. We begin with the study of the anatomy and physiology of the blood and blood-forming organs and the effects of their stimulation or depression. Then we take up the drugs such as iron and arsenic that affect these organs. In gradual succession the heart stimulants, cerebral stimulants, secretory stimulants, uterine stimulants,

diuretics, etc., may be studied. A preliminary consideration of the anatomy and physiology of the organs considered as well as the changes in their action which may result should always precede the study of the drugs themselves.

When the stimulants have been considered the depressants may be taken up in the same manner. Then the other drugs outlined in the above curriculum may be taken up consecutively. In the last class, when the pupils are more mature and have already studied most of the drugs in detail, we may take up the science and art of the administration of medicines and the underlying principals.

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### MOTION PICTURES FOR THE INSANE

By ERNEST A. DENCH

*Brooklyn, N. Y.*

What is the effect of motion pictures on the insane? This is best summed up in the words of a famous asylum superintendent: "It makes life comfortable, both for the afflicted and for those who have the care of them." Several institutions have proven the above statement by actual experience. In all cases comedy has had the most beneficial effect upon feeble-minded folks, who are apt to give way to brooding, so since their minds can be diverted to the merry side of life, much has been accomplished. Drama is not appreciated, for it seems too involved for the insane to understand, yet, on the other hand, educational subjects are followed with interest, and after the performance it is not unusual for patients to ask all sorts of questions pertaining to the same. The intelligence, however, has to be worked up on a gradual scale. First simple comedies are shown, the next step being the educational.

It is not long before the patients develop into enthusiastic motion picture fans. They anticipate the shows far in advance; watch the screen intently and applaud every picture. Not all patients are in the same condition; it has been found best to try the pictures with those least affected.

At the Central State Hospital of Lakeland, Ky., for instance, a motion picture entertainment is given in the large auditorium every Tuesday evening, when white patients constitute the audience. Colored patients are regaled with a similar program each alternate Wednesday night. At the Eastern Oregon State Branch Hospital, performances are given twice weekly. The orchestra which accompanies the pictures is formed of hospital employees.



## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

*Collaborators:* LILLIAN S. CLAYTON AND ANNA C. JAMME

The collaborators in this department will be glad to receive short items of interest relating to the field of training-school work. States east of the Mississippi should send their contributions to S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, and those west of that section to Anna C. Jammé, Board of Health, Sacramento, California.

### HOW SHALL WE INTEREST OUR HEAD NURSES IN TRAINING-SCHOOL PROBLEMS? SUGGESTIONS FROM A PSYCHOLOGICAL STANDPOINT

By S. LILLIAN CLAYTON, R.N.

Before attempting to solve a problem, we must be sure it is understood. First, we shall try to find out what we mean by training-school problems; second, when we wish to interest our head nurses, just what do we mean by "interest?" third, how may we connect the one with the other? fourth, what do we mean by hospital problems?

We could fill pages in describing these problems. All superintendents know what they are. Briefly, they are the endeavor to meet, with efficiency and harmony, the needs of the hospital population, the demands made by the public, the educational, moral, physical and social needs of the training school.

The head nurses form a body, each member, in her own department, ranking next in responsibility and authority to the superintendent of the training school. In order to maintain an efficient department, the head nurses must understand the problems and be interested in them. We all have an image of the perfect person we desire to have fill this position, we also know the type is developed only by years of experience and education. Clearly, then, we do not have her with us. If she is not with us, the next step is to develop her from the woman within our reach.

Our aim is to have her develop broad sympathies, such as will enable her to be of service to the varying grades of intellect and efficiency with which she has to deal; to have her realize that the conscious influence of what she *says* and *does* cannot compare in power and extent with that unconscious influence emanating from what she *is*; that her personality must be such as will inspire her pupils

not only to learn the subjects taught, but to enrich life by means of that knowledge.

The head nurse must realize the wonderful opportunities offered in nursing for the development of the entire woman, her intellect, her emotions, her will, and with the inspiration gained from this knowledge she will call forth from her pupil that loyalty for the work itself that will transcend any merely intellectual interest in it. She will set up high ideals; she will keep these ideals in sight; she will endeavor to approximate them; she will introduce order and continuity in her department.

This is the picture of our training school problem, and of the head nurse we would have with us to help solve it.

To develop the head nurse we have, into the head nurse we have pictured, will in some measure, we believe, be done by interesting her in these problems.

How shall this be done? To whom may we go for the solution?

The psychologist has helped us in so many problems we may at least try out that which he has to offer from the standpoint of *interest*. He presents to us some very large principles which he leaves for us to apply.

We first learn from him that we may utilize interest as a means toward reaching this ideal of ours which, if interpreted in its broadest sense, becomes an educational aim. To be successful in arousing this interest, we must arouse a mental zest or, in other words, lift the individual out of a dull, self-satisfied attitude. Having done this, the right thing must be presented for her interest. This right thing is to be decided, not by what is pleasant, but by the general need, as previously stated. To do this, appeal must be made to the instincts of the woman, and then we must connect these natural instincts with facts that are related but which she does not already understand, thus leading her from the thing she understands to the point in advance which we want her to understand and to be interested in. Let her move in this direction in the way she likes best. So long as she is moving in the right direction and we are keeping close to her, we should be satisfied.

We cannot arouse mental zest unless we understand the individual. We must keep in close contact with her, discuss things with her and consult with her, thus learning the particular phases of work that interest her. Find out the things that will be of profit to her, professionally, educationally, financially; show her how to develop these. Try to enter her life, to understand her interests. Believe in her, and by quiet confidence in her ability to do certain phases of work, make

her willing to cultivate other lines suggested. The result will bring satisfaction and with satisfaction will come interest. Have her find out what others, who are successful in her line of work, are accomplishing. Imitation arouses interest. A most important fact is that knowledge develops interest. See that she succeeds often. The power to succeed produces an interest in the task.

Be enthusiastic, it is infectious. Our contact with the head nurse must be an enthusiastic one and we must be willing to make her understand the problems. She must be made to realize that the hospital depends on her for its well being and that only by her cooperation can it be kept sound.

In this effort to cultivate interest, there are dangers. For instance, one interest may develop in place of another. They may not be permanent, for when the stimuli of effort and association are removed, the interest may die, but let us remember that all effort implies interest. It may be derived from duty and knowledge, which is the highest type, and should always be appealed to; or the interest may be the type produced by action, novelty or praise. We need not quarrel over the causes, use what we have, perhaps the higher will develop. Have it steady and self sustaining. Work with the interest the individual already has, never against it. In other words, it is possible to get the right thing done with as little strain as possible.

Might we not profit by trying to deal with our head nurses as it is said Alice Freeman Palmer, in her strenuous years as president of Wellesley College, did with her necessities? She leaned on them instead of being broken by them. //

It has previously been stated that the setting forth of the problem and the psychological means of meeting it, is an easy task, but the application is a difficult problem, one which every one must learn for one's self. We shall, therefore, sum up the psychological means of creating interest, and give a few examples of their application.

Interest may be developed by association, by profit, by imitation, by knowledge, by success. In the following instances it was felt that interest was started, that it became steady and self sustaining: It was considered desirable to interest certain head nurses in the general hospital and training school problem. The first appeal, and frequent appeals, were made by means of knowledge. Head nurse meetings were held. All kinds of problems were stated and discussed. Individual interest was secured by discussing individual problems.

Interest by means of association was developed by learning that one head nurse loved housekeeping and economics. This was related to the larger problem of hospital standardization and the result was a

valuable assistant in working out a system of keeping standard supplies in all departments.

Some head nurses were self satisfied and professionally satisfied. The point was not contradicted. They were asked to prepare a demonstration of surgical dressing trays, etc., to illustrate their own methods and the methods observed in several leading hospitals. By comparison, imitation and selection, these young women worked out a satisfactory set of trays for service in the hospital. Then, because of their success and satisfaction, they were sufficiently interested to continue the solving of hospital problems.

Another was exceedingly selfish, interested only in her own advancement. After several personal conversations, it was discovered she greatly desired to become a head nurse in a certain type of hospital. She was asked later to take charge of a ward in her own hospital corresponding to the type she desired. She knew nothing about the work. The department needed building up, she was instructed how to proceed. Now the department is a success and she is not considered selfish. Her interest was aroused, however, only by means of the anticipation of personal profit.

Another was not interested in pupil nurses, except as a means to get work done. She enjoyed all kinds of social activities herself. She was asked to see that notices of a social nature were placed on the bulletin board for nurses. She was perfectly willing. Soon the students consulted her as to ways and means, etc. Now she is a frequent chaperon for groups of pupils. She also defends them from criticism of other nurses. Her success aroused her interest.

And so we believe that we can interest our head nurses in some measure in hospital problems, when we learn how to apply the lessons given us by our very true friends in need, the psychologists.<sup>1</sup>

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#### NEWS ITEM

The great event of the year in nursing education was the meeting of the National League in New Orleans. There was a good attendance of superintendents, assistants and instructors from all parts of the country and the meetings were crowded also with delegates from the American Nurses' Association, and the Organisation for Public Health Nursing, who were delighted to have the opportunity of dropping in between their own busy sessions to hear what is being done in the field of nursing education.

<sup>1</sup> Quotations from Prof. Thorndyke's *Elements of Psychology*.



## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

German women are carrying on work shops and other forms of relief for their own women rendered destitute through the war and are indefatigable in making Red Cross supplies. At least forty German nurses have received the Iron Cross for distinguished courage on the field of battle and one has been appointed the first woman army doctor in Germany.

President Poincare personally presented a French Cross of War to Queen Elisabeth of Belgium when he was on a visit to the Flanders front.

A Russian princess is an aviator in the Russian air corps. Another female aviator has been decorated for the accurate plans of the enemy's position which she brought back to her commander, enabling him to train his guns with such accuracy that the day was won for the Russians.

The authorities of Girton College (the Woman's College), Cambridge, England, have lent its beautiful grounds for the use of a colony of Belgian refugees, who under the direction of a Belgian professor of agriculture, wounded at the front, are carrying on their highly lucrative trade of intensive market gardening and teaching it to the women of the eastern counties of England, who will thus develop a new industry.

The League of Honor has recently been begun in Canada under the auspices of the Y. W. C. A. Women of all classes and creeds are enrolled to help the men fighting abroad by the purity, temperance and prayer of the women at home.

The hospitals organized and run by the Scottish Federation of the National Union of women suffrage societies are staffed entirely by women. Surgeons, physicians, anaesthetists, nurses, orderlies, X-ray operators, chauffeurs, all are women. There are two hospitals in France, three in England, one in Russia. The French soldiers call the hospital at Royanmont, Paradise.

Lord Northcliffe, in a message to the Canadian people, says, "Canadian soldiers, Canadian medical corps and splendid nurses have brought the initiative and enthusiasm of the new world to the great struggle."

The plotters of the unsuccessful rising in Dublin were led to believe that the Irish regiments in the British army would refuse to fight against them; that a number of German submarines would keep

the Irish Sea clear, so that no troops could be sent to Ireland and that a large German army would land in Tralee. All their hopes were disappointed.

Three thousand women have offered for agricultural training at Bawtry, Yorkshire. There are few women in England who are not doing their bit.

At a meeting in London of the National Committee of Relief in Belgium, it was stated that while over eight and a quarter million dollars had been received during the year the only expense was about \$135 for bank charges. The total contributions from Great Britain and America amounted to about \$15,000,000, not including the substantial aid indirectly afforded by the British Government.

Dr. De Sandfort, a French surgeon, has perfected a treatment for the burns inflicted by the new boiling tar shells used by the Germans. The burns are sprayed with sterilized water and then with almost boiling paraffin wax. Within ten minutes the pain has passed off. Next day the wax is pulled off like a glove and a new layer applied. In from two to eight weeks an entirely new skin takes the place of the burned tissues.

An exhibition was held in the Tuilleries Gardens at which methods of reconstructing the devastated villages of France were shown. Types of reconstructed houses with modern sanitary equipment and plans for laying out cities and towns were on exhibition.

A moving spectacle is witnessed in Paris from time to time when decorations, are conferred on orphans and widows for the gallantry in action of their fathers and husbands. As such recipient approaches, the decoration is presented for which the dead soldier gave his life, and a brief recital of his heroic deed is read.

The newest French shell is almost the weight of a man and has a correspondingly great girth. Its steel nose tapers gradually to a sharp point.

A Hungarian bread ticket, after reciting the rules regulating the procuring of bread, adds, "Any contravention of this regulation will be punished by two months imprisonment and 600 Kronen fine and any other further contravention will be punished very severely."

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#### FROM AN EXAMINER'S NOTE BOOK

"The large triangular muscle of the back is the trapezius, trapeze performers use it more than anyone else."

## EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

*Denver, Colorado*

**THE WAR AT SEA.** The Declaration of London (1909), the most recent agreement among civilized nations on naval warfare, defines blockade and contraband and determines the rights of neutrals. When the war broke out, our State Department, to protect neutral trade, suggested to the rival belligerents that they abide by this Declaration. Germany agreed, but England decided to apply "certain modifications and additions." That non-compliance is back of our whole controversy with England for her blockade, which interferes with our commerce and our mails, and with Germany for her cruel and unlawful use of submarines. England insists that she has kept the spirit of international law, adjusting it to modern conditions. Germany's defense of her breach of international law is that England did it first, and her reprisals are a necessity of war.

Great Britain, shortly after the war started, with her immense navy, had driven all German merchant ships afloat into the nearest port to be interned during the war, had destroyed every enemy war ship on the high seas, and had imprisoned the great German navy in the Baltic, back of the Kiel Canal. Germany, besieged on the west, on the south and on the east, still had an outlet by sea on the north whereby she could receive supplies from neutrals. England overstepped the limits of a legal blockade and announced the whole North Sea a war zone, thus stopping up Germany's only outlet. Germany, as a reprisal for this attempt to starve her out, declared the waters surrounding Great Britain and Ireland a war zone, where her submarines (the only boats she could use) would destroy enemy merchant ships. She warned neutral ships to keep away. These blockades of England's and Germany's endangered our rightful trade and we protested vigorously. Germany issued a counter complaint concerning our selling munitions to the Allies. It is our international right to sell munitions to all nations, and to relinquish it on Germany's complaint, because she is unable to procure them, would violate our neutrality. England, finding supplies were still reaching Germany in neutral ships, instituted an extended blockade of a cordon of cruisers to search all ships with cargoes whose final destination was suspected to be Germany. Again we strongly protested this greater interference but, so far, to no effect.

Two American and several British ships with American passengers, including the *Lusitania*, in which 113 Americans were lost, were torpedoed by German submarines without warning. About 7000 lives, so far, is Germany's submarine toll, and several hundred ships, chiefly British, although neutral ships have been attacked indiscriminately. In spite of stern protests from our government, and explanations, apologies, and promises from Germany, American lives have continued to be lost until the attack last March on the *Sussex*. Then the President threatened to sever diplomatic relations with Germany unless she abandoned the illegal destruction of merchant vessels of all sorts. Germany has promised to "confine the operations of the war—to the fighting forces of the belligerents."

**THE IRISH REVOLT.** Late in April, a German ship containing arms was captured on the Irish coast. On board was Sir Roger Casement, an Irishman, who, after years of notable work in diplomatic service for Great Britain, had gone to Germany to appeal for aid in freeing Ireland from British rule. Almost coincidentally, a sudden revolt broke out in Dublin of the Sinn Feiners. With England needing all her troops, with German coöperation, and with American money, the opportunity seemed golden to this group of young idealists. They took the Dublin postoffice, and a few other strategic points, issued a Proclamation of the Irish Republic and chose a provisional president. After a few days of bloodshed they surrendered. Dublin was placed under martial law. Four leaders, including the provisional president (all poets and scholars), were tried at once by court martial and summarily shot. Executions and imprisonment of the leaders followed so quickly that an outcry arose against such drastic measures. Premier Asquith, and later Lloyd-George, went personally to Dublin to cope with the situation. A measure of self-government is contemplated for Ireland during the remainder of the war. The Home Rule bill, just passed when the war began, has been postponed.

**THE WOMEN'S CONVENTION.** The thirteenth biennial convention of the General Federation of Women's Clubs took place the last of May in New York. There were 2446 delegates in this largest convention of women the country has ever seen. Among the many interesting recommendations was the suggestion that the women of the United States take the first step in internationalism by calling a great congress of women of the Americas for 1920, in behalf of world peace. Another was a standardization and simplification of women's street gowns. Thirty-three of the state clubs have endorsed equal suffrage.



## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

Preparation for service, should our own country be involved in war, and the Membership Campaign have overshadowed other Red Cross activities.

It was hoped that with the withdrawal of our Belgium Unit, on May 1 of this year, we could report the last of our Red Cross nurses safe at home. Quite a number are, however, remaining in Europe for personal reasons, some have volunteered for further service at the American Ambulance Hospital, Yvetot, and other military hospitals. Ten are still being supported by the German Government and, under the able supervision of Anna Reutinger, are helping in the care of German prisoners in Russia and Siberia. Four members of the original Russian Units are still on duty in Russia, with Sophia Kiel as supervisor, and are being supported by a special fund raised in Petrograd.

Miss Hay and Rachael Torrance are still in Bulgaria but, owing to the conditions in that country, have been obliged to give up, for a time at any rate, all efforts to establish a training school for nurses. They are both on duty at Philippopolis, and Miss Hay in a recent letter says, "We were terribly disappointed when we found it impossible to continue the training school work, but it seems much more soldierlike to stay on, for a time at least. We shall remain in Philippopolis in a quiet way and give all of the help and service possible. The people here think it is sure to be most valuable."

While many of our nurses have faced dangers, almost continuously, no accidents of any kind have occurred and the Red Cross appreciates greatly the ample protection which has been given to them and the uniformly courteous treatment which they have received from military officials and civil authorities.

Early in the year, Colonel J. Randolph Kean, of the Medical Corps of the Army, was assigned to the Red Cross by the Surgeon-General, as Director-General of Military Relief. Steps were at once taken for the development of military relief organizations which had been provided for, several years ago. The most important of these organizations and the ones in which the service of nurses would be largely utilized are the Base Hospital Units.

These units are being developed in connection with our large civil hospitals and will ordinarily consist of 20 surgeons and physicians; 50 nurses with 25 nurses' aids, with sufficient personnel necessary to care for a 500 bed hospital.

It is also expected that funds for the equipment of such a hospital should be raised locally, the amount needed for this purpose being estimated at twenty-five thousand dollars, not including such supplies as surgical dressings and garments, which are likely to be made by interested groups of women and contributed for the use of the units.

The following Base Hospitals are now being organized and many of them are nearing completion:

<i>Chief Nurses</i>	
Lakeside Hospital, Cleveland, Ohio.....	Grace E. Allisen
Bellevue Hospital, New York.....	Clara D. Noyes
Presbyterian Hospital, New York.....	Anna C. Maxwell
New York Hospital, New York.....	M. H. Jordan
Mount Sinai Hospital, New York.....	Elisabeth A. Greener
Massachusetts General, Boston.....	Sara E. Parsons
Boston City Hospital, Boston.....	Emma M. Nichols
Peter Bent Brigham Hospital, Boston.....	Carrie M. Hall
Rochester General Hospital, Rochester, N. Y.....	Emma J. Jones
Johns Hopkins Hospital, Baltimore.....	Bessie Baker
Harper Hospital, Detroit.....	Emily McLaughlin

The chief nurse of each unit is responsible for the selection and instruction of the nurses' aids and interesting classes have been organized in connection with several of the units.

The interest shown by the members of these classes has been most gratifying and it is hoped that an opportunity may be given to those actually selected to act as nurses' aids, for some practical hospital experience under the direction of the nurses with whom they are to work.

A most suggestive outline has been submitted by Jessica Heal, Assistant Chief Nurse of the Rochester unit, showing the practical work given to a group of volunteers in the Homeopathic Hospital. This outline will be published later, after a conference with other chief nurses and will be most helpful to those taking up the work.

There is more or less confusion in the minds of the public as to what entitles one to be designated as a "nurse's aid." None have a right to call themselves "nurses' aids" unless they have been definitely selected for service as such, in connection with one of our Hospital Units. They will not, however, be selected for this service unless they have had our course of instruction in Elementary Hygiene and Home Care of the Sick or the Special Course, which includes five lessons in

**First Aid.** The First Aid Course alone, will not be sufficient. The fact that one has had any or all of our courses of instruction does not guarantee their appointment nor are they under obligation to volunteer unless they so desire. Those who are willing to serve and who show special qualifications and fitness for the work, will be expected to sign the Muster Roll and to respond to a call in case of need.

No salary will be paid to nurses' aids but maintenance and traveling expenses will be provided if desired. They will be responsible to the chief nurse and will work under her direction.

#### ITEMS

The following Red Cross nurses acted as instructors in Elementary Hygiene and Home Care of the Sick at the Navy League Encampment recently held in Washington: Lily Kanely and Mary Kell. The Red Cross, not only conducted classes in Elementary Hygiene and First Aid, but a useful course of instruction was given under the direction of Margaret J. Thompson, assisted by Harriet Hankins, in the preparation of diets for the sick. A special course was also provided in the making of Red Cross surgical dressings and supplies. This instruction was given by Nancy Mahan, assisted by several volunteer workers. Nearly five hundred women from all sections of the country received this instruction and it should be of great assistance in securing for our own relief work surgical supplies made according to regulations. Many of the pupils hope later to qualify as instructors.

A relief station was conducted during the entire encampment, in charge of Margaret L. Haas. Two hundred and ninety-six cases were treated and, while there was no serious illness, it was found most helpful and really necessary where such a large number of women were living under camp conditions.

A similar encampment, under the auspices of the Navy League, is now being held in San Francisco, Calif. Dr. G. H. Richardson and Mrs. Stella O'Neill, Chairman of the San Francisco Local Committee on Red Cross Nursing Service, are in charge of the Red Cross instruction. Several enrolled Red Cross nurses will be employed as instructors.

The Garland School of Homemaking is also conducting a Camp School at Billerica, Mass., from June 26 to August 26. Jessie E. Catton, ex-superintendent of the Springfield Hospital, Springfield, Mass., will be in charge of the Red Cross instruction.

Red Cross relief stations have recently been established in connection with various parades and celebrations. Twenty-eight relief stations were maintained in Providence during the Preparedness

Parade held on June 3. The Nursing Service was organized by Winifred L. Fitzpatrick, Elizabeth F. Sherman, and other members of the Providence Local Committee; a full report of their work has not yet been received. Many nurses took part in the preparedness parades recently held in New York and Boston.

Several relief stations were also established in Chicago during the Preparedness Parade and the Nursing Service was in charge of Miss Ahrens and other members of the Local Committee. Several relief stations were established in Stamford, Conn., under the direction of Pansy Besom and in New York at the Armory in connection with the meetings of the Federation of Women's Clubs and at the Stadium during the Shakespearean Pageant. These stations were directed by the Local Committee and Anna C. Maxwell. Several relief stations were maintained in Birmingham, Ala., during the Confederate Reunion, and 250 patients were cared for. These stations were in charge of Linna Denny and Julia Dainwood, with other members of the Local Committee. This account gives only a suggestion of the varied Red Cross activities which are developing.

Until recently, the membership of the American Red Cross was a plant of slow growth. The organization was keenly appreciative of the fact that the size of its membership, in view of the tremendous population of the United States, was incomparably below the memberships of certain foreign Red Cross societies in countries with much smaller populations. The Executive Committee of the American Red Cross, therefore, in the early spring of this year authorized and advocated a very general effort to obtain, if possible, one million members. The progress of this membership campaign thus far, may be illustrated by the facts that in January 1916, we had fewer than 35,000 members whereas, at this writing (June 3) we have nearly 125,000, and the campaign is just getting under way. In the nation's capital, where the Red Cross Chapter had about 1000 members, 6000 members were obtained in the course of three weeks. A small chapter in Boston increased its membership to more than 13,000. San Francisco, grateful for the relief extended by the Red Cross following the holocaust of 1906, presented to the National Organization nearly 11,000 members on the tenth anniversary of their great disaster, April 18, 1916. That city is after a total of 25,000 members. New York is conducting an enterprising campaign to enroll 200,000 members. These are but random evidences of the widespread interest in the organization which foreshadow the ultimate success of this patriotic and humane movement.



## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK, R.N.

[In presenting the following article, it is well to remind American nurses of the fundamental difference between the organization of nursing departments in the Red Cross Societies of the United States and of the countries of Europe. In keeping with our democratic principles, the American Red Cross has placed nurses in a position of unique equality in its directing groups, by giving them a due share of responsibility and by placing a nurse at the head of the Department of Nursing. Japan also has a nurse as nursing superintendent, yet it is probable that no other Red Cross Society takes so seriously into consideration the viewpoint of organized nurses as ours. It is well, also, for American nurses to remember how this advantage was gained—by the far-sighted, clear view of a group of nurses, some of whom, like Mrs. Robb, have passed away, while others are still active. We do not know how well our nursing footholds would be kept under the strain of war. Miss Mary Burr, who has studied this question from the vantage point of Switzerland, where she has been in communication with nurses in the warring countries around her, is rarely impartial, impersonal, clear-seeing and fearless. She is an English trained nurse who has had wide experience of many kinds and who made the original study of crimes against children which is printed as an appendix in Miss Dock's *Hygiene and Morality*.—Ed.]

### WHAT WILL BE THE APPARENT EFFECT OF THE WAR ON THE TRAINING AND EDUCATION OF NURSES?

BY MARY BURR

*Montreux, Switzerland*

With half the world in the military pot who dare attempt to prophesy what will be the condition of anything or anybody after the awful and disastrous war? But as straws show the way of the wind, the trend of events and public opinion, if carefully watched, generally indicate to a certain extent probable action. Although the stern necessity of this conflict, horrible and terrible as it is, has brought about such marvellous changes in a few short months which could hardly have been accomplished in years of hard work, agitation or education in the lethargic times of peace, who will dare predict how many of these changes will be permanent, or whether, in the rebound after the long strain of war, even the good and useful changes may not be reduced to a minimum?

With a view of gathering some indication of the way of the wind in the nursing world, the following questionnaire was sent to the leaders of nursing circles in nine countries.

1. Will the war strengthen or weaken the best nursing schools?
2. Does the Red Cross work help or hinder the upbuilding through professional nursing?
3. Will the organized profession be weaker or stronger after the war?
4. Shall we be likely to get registration and the vote?

Answers have been received from eight countries which, in these precarious days is pretty good, and they include the chief belligerent nations. Naturally, most were sent to the leading matrons in different parts of the United Kingdom who, being in active work, are in close touch with all current events and opinions and where the first and fullest effects of the war will be felt and realized.

Sixteen letters were sent to the United Kingdom and thirteen replies were received. The majority agree that the best schools will be strengthened by the war owing to the fact that by arousing increased interest in nursing, already a better type of woman is being drawn to apply for training. Also the bringing of matrons together will tend to widen their views, and showing the various weak points in training and discipline will direct attention to the correction needed. Some, however, find a temporary weakening as the result of the enforced admission of the Voluntary Aid orderlies for short experience, and the natural restlessness caused by the war.

The almost unanimous opinion in regard to Question 2 is that the Red Cross work (in regard to nurses and nursing) will hinder the upbuilding through professional nursing. The reasons for this will be set forth later at greater length.

Similarly, all agree that the organized profession will be stronger after the war.

The majority think that registration will come, but the recent action of the anti-registrationists renders many doubtful when it will come. That the vote ought to be given to women is the general sentiment, but doubt exists as to whether, once again, men will accept all the work and sacrifices of women and ignore their requests. Such is the epitome of opinion in the United Kingdom.

The view in regard to France is that the best schools will eventually be strengthened, as now it can no longer be considered a scandal or a bar to marriage for young women to nurse male patients. The war has forced a change in public opinion. A better class is already entering for training. The Red Cross work hinders professional nursing and will hinder the organization of nursing after the war. French nurses are not yet ready for registration, nor the Government to give the franchise.

From Italy comes the belief that the war will weaken the training and education of nurses in every way.

Sister Karll thinks that in Germany the war will eventually help the profession, but only after much strife, while in Austria she hopes the foundation of better nursing conditions has been laid by the work of German and American nurses. In Holland, Denmark and Sweden the war has not materially affected the schools.

It has awakened the Red Cross Societies to the usual activity of short training and low educational standards which, in its turn, has stirred the professional nurses to the needs of more united effort for protection.

In Holland, the Government is trying to organize an Army Nursing Reserve with the Red Cross workers as probationers.

In Switzerland, more better-class women are entering for training, stimulated by the war, although as a result of the economic depression, trained nurses are suffering rather acutely at present. From most countries comes the same outcry against the wealthy titled amateur being placed in important positions by the Red Cross societies; apparently nearly all prefer cash to skill.

Dr. Kraft of La Source Training School, Lausanne, is endeavoring to arouse public opinion concerning this matter. He says, "The International Committee of the Red Cross exists only in name. It only represents one country, it is not elected by nor does it represent the National Red Cross societies." He suggests what all trained nurses want, "that the National Red Cross societies should organize all trained nurses for first call, then the amateurs, whether millionairesses or princesses. If the Red Cross does this it will help the upbuilding of professional nursing. If through snobbery or need of money it will not, but puts worldliness before the value of skilled work, it will undoubtedly hinder."

Apparently in the neutral countries the war will not affect the legal status of women at all.

In analyzing the answers from the different countries it is very disturbing to notice the bad influence which the low standard of training beloved by the Red Cross societies has upon nursing education. In few European countries, if any, have these societies endeavored to keep abreast of nursing progress. Each war has found them exactly in the same condition of unpreparedness in regard to nurses and nursing as the previous one. Their committee seem fast bound by some indefinable and malign power which, after being galvanized into activity by war, contracts still tighter as the result of unwonted movement until the next upheaval comes.

In England, in spite of all the scandals of the Boer War, the publicity and suggestions then occasioned, 1914 found the British Red Cross Society just as unprepared and unorganized in regard to nurses and nursing as ever. The prescience which flooded the country with prophecies of the coming conflict fell on deaf ears and the only organization of trained nurses, apart from the Army Nursing Reserve, was the Territorial Nursing Force, both the outcome of Mrs. Fenwick's fertile brain and quite unconnected with the Red Cross. The Voluntary Aid Detachments were not originated by the Red Cross Society but were thrust upon it by Lord Haldane, when he was at the War Office.

As the coming struggle between trained and untrained nurses, between economic freedom and economic domination, between registration and anti-registration has already shown signs of beginning in England, and as that contest will probably influence more or less other countries, it will be well to set forth as lucidly and succinctly as possible the reasons for the opinion that the work of the Red Cross will hinder the upbuilding through professional nursing.

The British Red Cross Society, as in most other countries, is the peculiar prerogative of aristocratic and wealthy people, with a sprinkling of the medical profession. The branches of this society, which form a network all over the kingdom, are controlled by the same classes. These branches, through sub-committees, have organized all the Voluntary Aid Detachments, the female members being recruited very largely from the society and upper middle class people of the country. These points must be borne in mind to fully realise their bearing upon professional nursing. Of the thousands of these women who are today tending the wounded, a large proportion will naturally return to their homes and ordinary avocations; a large number will endeavor to continue working and will, without doubt, on the strength of their Red Cross certificates, short hospital training of three weeks to three months and war service, pose as certificated nurses. A very small number will take up nursing seriously and will enter hospitals as probationers. \* \* \* \* \*

*(To be continued)*



## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators:* BESSIE B. RANDALL, R.N., *Omaha*, AND ELIZABETH GREGG, R.N., *New York*

**RECORDS.** "I have some difficulty in presenting my month's report interestingly to the executive board of the League supporting our work. The secretary of the Charities Organization makes her report and, as visiting nurse, I am asked to give mine at the same meeting. After giving the number of calls, patients, collections, and kinds of diseases, I seem to have covered the ground, but my report lacks interest. Can you suggest a few points to bring out at such a meeting?"

**ANSWER.** "Under another cover I am sending you copies of several of our old annual reports, and should advise your writing to other visiting nurse associations for some of theirs. Read the reports, the presidents' as well as the superintendents' carefully, and see what each one has felt was important to put before the public, then plan your own monthly reports accordingly. In my own monthly report to the Board here, I give very few statistics, but on a large blackboard in plain view of all the directors, we give the following statistics each month: total patients, total new patients, total calls, total contagious cases, total maternities, total new-born babies. Sometimes we put the figures for two months on the board to compare the increase or the decrease of the work. If we have an unusually large number of any one type of case, if we have sent a great many people to hospitals, we add these items. With the exception of the first three totals, the items are not always the same. In my superintendent's report, I compare the work of the month just closed with that of the preceding month and with that of the same month of the previous year, commenting on our increase or decrease, and giving the probable reasons for either. I also try to tell of one or two interesting cases, never using names or addresses; tell of the requests for help or advice that have come in to us from different individuals or agencies; of the gifts given us (not in money, the treasurer does this), both large and small; and then tell the needs of the association for the coming month. Almost every month I put in an appeal for old linen and muslin. Sometimes I ask for magazines for chronic shut-ins, occasionally for a wheel-chair, or

for bath wrappers and blankets, or something that a special patient needs. We do not give material relief, except as a side issue, and then only to sick people. We do occasionally pay for milk for a month for a typhoid case; we may supply glasses or a brace or medicine or a wheel-chair; and we give away such clothing as is given us, but we do not ask for the clothing and we are not particularly anxious to have it to give away. We would like to keep our work distinctly separate from the work of relief giving. I don't know how large your town is, but you must be careful not to describe cases so that they will be recognized by anyone in your audience, for the smaller the town, the greater the danger that sensitive patients may be gossiped about. If you are trying hard to work up fee service, why not describe the work as it is done in Hartford, Conn., and Providence, R. I.? If you would like to devote more of your energies to special baby work during the coming summer, secure the baby death rate and the number of deaths from your Health Department and talk about the preventive work done in other cities. Don't make your report descriptive, merely, of local things, insert occasional comments on the work as it is done in other cities and show how your own work could be extended or strengthened if similar work were undertaken there. For well-written, helpful, annual reports, I should advise you to write to The Visiting Nurse Association, Concord, N. H.; the Visiting Nurse Association, 109 Washington St., Providence, R. I.; The Instructive District Nursing Association, 561 Massachusetts Ave., Boston, Mass.; The Instructive District Nursing Association, 1123 Madison Ave., Baltimore, Md.; The Visiting Nurse Association, 34 Charter Oak Ave., Hartford, Conn.; The Visiting Nurse Association, City Hall, Omaha, Neb.; The Visiting Nurse Association, 612 St. Clair Ave., Cleveland, Ohio. Other associations also publish good reports, but these are particularly helpful. They are the only names that come to my mind at this moment. Write out each monthly report as carefully as if you were writing a composition for your high school senior graduating exercises; then keep your reports on file, reading them over occasionally in order to make sure that you are not repeating yourself. Don't simply take notes and try to talk about the work; a formal written report is better, but it should be interestingly written. If you have a particularly helpful and friendly member on your Committee, why not go straight to her and tell her that you feel your report is unworthy of the work being done, and ask her how she thinks it can be made more interesting and what items or stories she, herself, is most interested in? If you interest one of your keenest members, you are pretty sure to interest your whole Committee."

**QUESTION.** "I am writing to ask what you do with patients, especially those suffering with acute diseases such as typhoid fever, if they are told that the hospital would be the best place for them and they refuse to go; and if they cannot pay much, if anything, towards the services of the visiting nurse who comes to them in their own homes. Does your association continue nursing this type of patient or does it refuse care?"

**ANSWER.** With one or two exceptions, we carry such cases as you describe in your letter and give them daily or twice-daily care. Occasionally we put a special nurse on just such a case, for we realize that sick people are unreasonable and will not go to hospitals. We should also realize that the treatment in the poor home is occasionally better than the individual treatment of patients in a big hospital. Our exceptions are the cases of typhoid, tuberculosis, or vaginitis in such poor, dirty, and neglected homes that everyone who comes in contact with the patient for any length of time is not only in danger of contracting the disease herself, but also runs the risk of carrying it on to others. We visit these cases, advise and urge hospital treatment and then dismiss them to the Board of Health. The Board of Health cannot do very much with them. I do not feel that we have any right to expose our nurses and the vast majority of our patients to the danger of infection from these cases. I have, myself, occasionally gone into a frightfully dirty tuberculosis room, where I could see no use in caring for the patient unless it were to prepare him for removal to the hospital. The average patient is reasonable but wants to stay at home, and if the home is a fit one, we ought not neglect him because he refuses to carry out our instructions. If, however, the home is as bad as it can be and the patient or his guardians are conscious of their acts, we should offer them hospital treatment and dismiss them. We always give every individual the right of conscious choice and, for a long time to come, we shall probably not approve of forcible hospitalization, but I don't think we have any right to expose our nurses or waste our time in caring for this sort of case. This type, however, really occurs very seldom. In the last three years, in Chicago, I can only think of two cases that we have turned down, one an advanced case of pulmonary tuberculosis who died in delirium tremens; the other a little girl suffering from such a frightful form of vaginitis that everything in the house seemed infected. At the time we dismissed this last child, she was being attended by a private physician who refused to send her to the hospital and every nurse on our staff was carrying one or more maternity cases. Of course we cannot handle such cases with our maternities, nor can we sacrifice one whole

service in order that we may give care to the case that is distinctly in need of constant hospital care.

Children of this sort we also report to the Juvenile Court, for it is able to act under our 'Contributing to the Dependency or Delinquency of Childhood' act. In the last few months, we have had several acute and chronic cases of eyes, ears, spines and hips given prompt and proper medical attention because of the coöperation of our probation officers. When adults are being neglected or neglect themselves, we can't do much unless the case comes under the jurisdiction of the County Court. We have three times secured adequate care for senile adults by reporting their children to the court. We never swear out a warrant for an abusive husband, for we think that the wife should do this herself. If a woman were too ill to do this and at the same time were being neglected, we would ask some other agency to do this for us. One of the deputy bailiffs of our Court of Domestic Relations is an ex-visiting nurse. This particular kind of case we would refer to her. We never undertake to do any sort of punitive work that we can foist onto somebody else."

#### ITEMS.

OHIO. The Public Health Nurses' Club of Cleveland held its monthly meeting on April 27. Following the business meeting, the club was favored by a number of selections by boys and girls of the Music Settlement, who played many beautiful selections such as are heard only at the best concerts. Miss Drake of the Settlement gave an introductory talk, explaining the purpose of the work and what it has done for the children. Miss Drake, Miss Samson and Mr. Logan, the leader of the orchestra, are to be congratulated on the splendid results which their devoted efforts in this unique direction are producing. Mr. Canson Rose, secretary of the Advertising Club of Cleveland, spoke to the Club at its May meeting, on the subject of "Enthusiasm."

CHICAGO. Gerda Hedstrom (Augustana Hospital), formerly on the staff of the Visiting Nurse Association, has recently gone into visiting nurse work in Fort Madison, Iowa. Miss Hedstrom is doing both general visiting and school nursing work. The visiting nurse work is supported by the King's Daughters' Union.



## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**PHARMACOPEIA AND THE METRIC SYSTEM.**—The revised edition of the United States Pharmacopeia, now in preparation, will make exclusive use of the metric system.

**HEMORRHOIDS TREATED BY INJECTION.**—A writer in the *Lancet* recommends the treatment of piles by injection of 20 per cent of carbolic acid in equal parts of glycerine and water, made through a sterilized needle. No confinement in bed is necessary, nor is an anaesthetic; there is no pain and no risk of stricture or incontinence following.

**PITUITARY EXTRACT IN LABOR.**—In an extract from an article in the *Indian Medical Gazette*, it is said that on account of the intense pain due to uterine contractions, pituitary extract should not be given alone and when it has been injected chloroform inhalations, or morphine injection should be administered at once.

**MIRROR METHOD OF OBTAINING SPUTUM.**—The *Paris Médical* records that to avoid contaminating the sputum with germs in the mouth the patient coughs a little against an examination mirror inserted in the mouth. This can be withdrawn without touching the tissues.

**HORSE SERUM AND PSORIASIS.**—The *Boston Medical and Surgical Journal* reports the successful use of subcutaneous injections of horse serum as a cure for psoriasis. A case of six years standing had been entirely relieved by six applications at weekly intervals, the eruption completely disappearing.

**THE USE OF LEECHES.**—Dr. Beverly Robinson, writing in the *New York Medical Journal*, recommends leeches in cases of uremia, cerebral hemorrhage, pneumonia and appendicitis. He had satisfactory results in a case of chronic interstitial nephritis with coma and convulsions. He found them beneficial in acute aural and ocular inflammation. He believes that their use would save not a few lives and avoid many operations.

**SUGAR AS A WOUND DRESSING.**—The *Medical Record*, quoting from a German contemporary, relates the experience of a surgeon to a mining company in the use of sugar as a dressing for wounds contaminated with coal dust. They were merely flushed with hydrant water and covered with a thick layer of granulated sugar. This was

renewed every second or third day. Healing was unusually prompt and in 70 per cent of the cases no infection followed. There was no adhesion to the dressings, preventing the resulting hemorrhage.

**DISINFECTION OF CLOTHING.**—The *Journal of the American Medical Association* says that in France it is proposed to use the ordinary commercial solution of formaldehyde poured into a saturated solution of permanganate of potash for the disinfection of the clothing of soldiers. The solution rapidly becomes hot and gives off abundant vapors of great disinfecting power which rapidly penetrate the cloth. A large cask may be used for the disinfecting chamber and a small cask, joined to the other by a pipe, will serve as a generator.

**NON-OPERATIVE TREATMENT OF ABDOMINAL WOUNDS.**—Dr. Chevasser, a French surgeon, reports that owing to pressure of cases of dangerously wounded men he was unable to operate in a large number of abdominal wounds. Examining the cases several days later he was pleased to find unexpectedly good results. Out of 79 discharged patients, 66 had had no operation. These patients were treated by immobilization, a strict diet, and morphine; in cases of pronounced shock, an injection of artificial serum and camphorated oil was given.

**EQUANIMITY.**—The *Medical Press and Circular* publishes some remarks on this subject which though intended for doctors may be profitably considered by nurses. Mental fortitude, incumbent on all, is especially so in the case of the medical practitioner. In continued illness it is the anxiety arising from physical incapacity, even more than actual suffering, which causes the patient such acute distress; he looks to the medical adviser not merely for bodily alleviation, but in addition for intellectual support and it is the combination of both lines of treatment which results in recovery. But let the sick man come to realize that the doctor's mind is as fluctuating and unstable as his own; that the same waves of peevishness and depression visit him; that his moral grip is equally spasmodic; and at once his confidence is irretrievably lost.

**DUTCH BUTTERMILK.**—The *Medical Record* gives the following recipe. Let one quart of milk stand in a warm place until it is thick. Put it in the butter churn and churn for twenty minutes. Put in a saucepan one heaping tablespoonful of flour and one heaping tablespoonful of granulated sugar. Mix well and add slowly the contents of the churn. Put the saucepan on a good fire and stir until the milk boils. Put in the bottle as much as the baby will take. For a young baby dilute with water, but as soon as possible omit water. Feed as warm as possible.

**SCARLET FEVER.**—In an article on scarlet fever in the *Journal of the American Medical Association* some interesting facts are presented. The death rate for colored children is about one-fourth that of the whites. From January the frequency of the disease rises rapidly until May when the maximum number of cases occurs. Thereafter there is a rapid drop in the number until September, which is marked by minimum. The largest number of deaths occurs during the months of April and May, the fewest in September. This is not wholly attributable to the association of children in school, as certain respiratory diseases show a similar seasonal distribution and are clearly subject to weather conditions.

**INFANT MORTALITY.**—The New York Milk Committee, in a circular recently issued, says that no community with an infant mortality rate of over 50 can claim that its babies are getting anything like a square deal. Only four out of 144 cities that furnished information meet this standard satisfactorily. Yet it seems there must be inexcusable negligence when half the babies born, all of whom have a right to life, die from preventable conditions.

**INTRACTABLE CONSTIPATION.**—A case is reported in the *Brazil-Medico*, a man 41 years old, who for ten years had sometimes had intervals of thirty or more days between stools, up to forty-five days. The cause was extreme ptosis of the transverse colon. The ileum was divided and both stumps implanted in the sigmoid flexure. This operation restored the man to clinical health.

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#### MEMBERSHIP IN RED CROSS CHAPTERS

The Red Cross at its last annual meeting modified its by-laws, making enrolled Red Cross nurses members at large of the Red Cross, without the payment of annual dues. If, however, they desire the Red Cross magazine, this will be sent them at a nominal price of \$.50 a year. We are most anxious, however, for the interest and coöperation of Red Cross nurses in Chapter activities and it is suggested that nurses who are willing to coöperate in this way, become members through their own Local Chapter, paying the annual dues of \$1.00 which includes subscription to the magazine, thus placing themselves on the same basis in local work as other members of the Chapter. The \$.50 for the magazine alone should, however, be sent direct to Red Cross Headquarters.

## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### REGARDING THE JOURNAL

DEAR EDITOR: I want to compliment the Journal on the excellent illustrated article by Nancy E. Cadmus on "Some Hospital Devices and Procedures." It was as good as a two hour class and demonstration in a good training school for us older private duty nurses and I think it must have been appreciated by many. The excellent pictures were so well reproduced and the ideas therein contained could not fail to be helpful, even to nurses now studying in well-appointed hospitals.

I quite agree with Miss Cadmus in the wisdom of preventing the odor of burning rubber in a hospital by the simple device of sterilising the articles in a wire basket. The device is a prize. Hoping for more such articles from other hospital nurses in the future,

*Michigan.*

M. F. S.

### COMMENTS ON MRS. METCALF'S LETTER

#### I

DEAR EDITOR: I have just been reading "To the training school graduates of 1916." I, as well as many other nurses, do not practice in the town in which I took my training and I would like to suggest that other alumnae associations do as mine has done. A non-resident member pays \$10 for a life membership. Often it is difficult to keep annual dues paid in an association whose meetings one does not attend. As nurses are becoming better organized, more stress is being placed on the alumnae associations and there should be some way to keep a non-resident in touch with her alumnae.

*North Dakota.*

E. E. S.

#### II

DEAR EDITOR: In the April JOURNAL, in a letter to "the graduates of 1916," the statement is made, "In order to become a member of the Red Cross Society, one must be a member in good standing of some organization affiliated with the American Nurses' Association." I wish to suggest that an explanation be made to the graduates of 1916 that an enrolled Red Cross nurse must be a member of such an organization, but any citizen of the United States, "of good moral character," may become a member of the Red Cross Society by the payment of annual dues of \$1. Again and again the question is asked, "What is the difference?" I have found that the majority of pupil nurses to whom I have talked about the Red Cross, are glad to become members of the society and to wear the little badge. They are always interested in the magazine which is included in the membership dues and surely it helps much to promote in our training schools the spirit of "humanity-neutrality." In addition, each nurse wearing the little badge is helping spread the gospel of our wonderful, national Red Cross.



Now that we have our long-wished-for history of the Red Cross, were I the superintendent of a training school, the "graduates of 1916" would be requested to read Miss Boardman's book, *Under the Red Cross Flag at Home and Abroad*.  
Missouri. P. W.

## TRAINING IN ANAESTHESIA

DEAR EDITOR: There is opportunity for one or two graduate nurses to specialize in anaesthesia at the Forsyth Dental Infirmary for Children, three days a week, Monday, Wednesday and Friday mornings. At the present time there is a growing demand for nurses in private practice to act as anaesthetists, many prominent surgeons of New York, Rochester and Cleveland as well as some here in Boston have their own nurse attend to this phase of their work, and anyone interested would have a good opportunity to take up the work at the above institution and would have the opportunity to work under a specialist in anaesthesia in the Surgical Department. There is no salary connected with the appointment.

140 The Fenway, Boston.

HAROLD DEW. CROSS, D.M.D.

## MEMBERSHIP IN THE WOMAN'S CHRISTIAN TEMPERANCE UNION

DEAR EDITOR: Apropos of your recent editorial on "Caution in Seeking New Fields," may I say something of the advantage to nurses of membership in the W. C. T. U. especially as an introduction in strange places? It introduces them at once to pleasant and often influential friends, who may be of exceeding value if anything unpleasant occurs. This is particularly true of the public health and private nurse. I was once greatly helped by my W. C. T. U. friends in establishing an independent practice when necessarily away from the registry of my own school—Bellevue, New York.

Even greater is the advantage that will come from association with these earnest women, with their wide and diversified lines of work. It will widen our vision and prevent our getting "shoppy," so immersed in our work that we know almost nothing outside, a danger which is very real unless we cultivate a hobby. We need outside interests and there are none more elevated and absorbing than those of the W. C. T. U., which is really another branch of health work.

Some may feel that they cannot take the pledge of the organization because they may have to administer liquors, but there is nothing in the pledge to forbid this. It reads:

"I hereby solemnly promise, God helping me, to abstain from all distilled, fermented and malt liquors, including wine, beer and cider, and to employ all proper means to discourage the use of and traffic in the same."

There is nothing in this to prevent the giving of alcoholic liquors on the order of a physician whom we are in honor bound to obey, and disobedience to whom would be a very improper way of "discouraging the use."

Having signed the pledge makes it easy for nurses to refuse the often kindly urged "stimulant," without offense. We may be laughed at as "straight-laced" but we will be respected and trusted all the more.

In striving to abolish the use of narcotic poisons the W. C. T. U. is engaged in a very important line of preventive health work, which is endorsed by the

highest medical and nursing authorities, as witness the action of Boards of Health, medical and sanitary experts and of our own American Nurses' Association.

Nurses are, by the very nature of their calling, anti-poison workers, therefore they are temperance workers. Why should we not become members of this great and public spirited organization? They will help us, we shall help them in the fight against what we all agree is the "greatest cause of human misery."

It would be well if we of the older ranks would formally connect ourselves with these, our sisters in service, and would encourage young nurses to do the same.

The W. C. T. U. has a Young People's Branch (familiarly called the "Y") admitting young people of both sexes and conducted in a way to appeal to their tastes. I wish these or the regular Unions might be organized in training schools, not as a part of the work, but as an approved recreation. The pupils need diversion of thought in leisure hours and would find pleasure and relaxation in the planning and carrying out of programs and at the same time gain valuable knowledge and be brought into touch with some of the brightest minds and greatest movements of the time. We all know the danger of their becoming "hospital centered" unable to think or talk of anything else in season and out of season, a tendency no rule about not talking of their work will combat as successfully as giving them something else to think about.

Why not broaden their horizon to their present pleasure and profit and future benefit? From a purely selfish point of view it pays to join the W. C. T. U. and from an altruistic point it pays much better, for it adds to our usefulness.

Brooklyn, N. Y.

E. BERTHA BRADLEY, R.N.

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#### BLADDER DRAINAGE BY VACUUM METHOD

*The Journal of the American Medical Association* has an illustrated article for bladder drainage by the vacuum method after suprapubic cystostomy. Marvelous results are recorded. In one case continuous drainage was kept up for twenty-nine days; the abdomen became wet once on the fourteenth day due to a clogging of the catheter, otherwise it was entirely dry. It stated that this ingenious apparatus has revolutionized the technic of urinary drainage, completely transformed the postoperative treatment, changed the condition of the patient from soggy discomfort to cleanly comfort and produced healthy, dry, granulating wounds in place of the unhealthy water-logged wounds, with adherent urinary salts now common. The apparatus is in a single compact form, is automatic, being enclosed within a bottle which need never be uncorked. It requires minimum attention, and its action is not dependent on a water supply in the room, nor on a motor.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### AMERICAN NURSES' ASSOCIATION

A letter in regard to reorganization will be sent out soon, probably during July, to all associations affiliated with the American Nurses' Association and to all permanent members. As this is the time when organizations are taking a vacation from active work, secretaries are asked not to pigeon-hole the letter and forget it, but to have it ready to present at the first fall meeting. Every state association has two immediate duties before it in connection with national affairs—first, the appointment of a Revision Committee which shall coöperate with the American Nurses' Association on one hand and guide the local associations on the other; second, the appointment of a State Relief Fund Committee.

At the meeting of the Board of Directors following the convention, the two sections formed during the sessions were formally recognized—that on Private Duty Nursing, Frances M. Ott, chairman, and that on Mental Hygiene, Elnora Thomson, chairman.

For the benefit of Red Cross committees we give the full list of associations admitted to membership at New Orleans. State: Delaware. County and City: Concord Nurses' Club, Concord, N. H.; Ingham County Association, Lansing, Mich. Alumnae: Dr. Groves' Latter Day Saints, Salt Lake City; Eliot, Manchester, N. H.; Lord Lister, Omaha; North Chicago, Chicago; St. Agnes', Baltimore.

KATHARINE DEWITT, *Secretary*.

### NURSES' RELIEF FUND, REPORT FOR APRIL AND MAY, 1916

#### *Receipts*

Previously acknowledged.....	\$1,804.20
Interest on bond.....	20.00
Alumnae Association of City Hospital, Akron, Ohio.....	10.00
Graduate Nurses' Association of the State of Pennsylvania..	25.00
Washington State Graduate Nurses' Association.....	25.00
Individual members Alumnae Association Jewish Hospital, Cincinnati, Ohio.....	7.50
Lakeside Hospital Alumnae Association, Cleveland, Ohio...	15.00
Salem Hospital Alumnae Association, Salem, Mass.....	10.00
Louisiana State Nurses' Association.....	10.00
Connecticut Training School for Nurses.....	15.00
California Hospital Alumnae Association, Los Angeles, Cal..	20.00
San Francisco County Nurses' Association.....	25.00
Bellevue Hospital Alumnae Association, New York City....	25.00
Leonora L. Johns, Omaha, Neb.....	1.00
Orange Training School Alumnae Association Orange, N. J.	10.00
Margaret Montgomery, Philadelphia, Pa.....	2.50

Battle Creek Sanitarium and Hospital Alumnae Association		
Battle Creek, Mich.....	\$25.00	
Graduate Nurses' Association of Cleveland, Ohio.....	25.00	
Colorado Training School Alumnae Association, Denver, Colo.....	15.00	
Interest on bonds.....	65.00	
Edith P. Rommel, Minneapolis, Minn.....	5.00	
Mary H. Trigg, Greenville, Miss.....	2.00	
Nurses and graduates of Charity Hospital, New Orleans, La..	100.00	
R. Williamson, New Orleans, La.....	5.00	
Joe O'Connor, Louisville, Ky.....	5.00	
Dubuque Registered Nurses' Association, Dubuque, Iowa...	10.00	
Hahnemann Hospital Alumnae Association, Philadelphia, Pa.....	15.00	
Sarah Crossett, Philadelphia, Pa.....	5.00	
Anna M. Deuser, San Francisco, Cal.....	1.00	
G. E. Fortune, New Orleans, La.....	1.00	
Graduate Nurses' Association of Birmingham, Ala.....	5.00	
Jennie Louise Bassett, New Britain, Conn.....	5.00	
Good Samaritan Hospital Alumnae Association, Cincinnati, Ohio.....	20.00	
Bertha C. Cooper, Brooklyn, N. Y.....	1.00	
Finita Hutchison, Bloomington, Ind.....	1.00	
Rose W. Scott, Rosemont, Pa.....	5.00	
Lillian E. Turke, Woman's Hospital Alumnae Association Philadelphia, Pa.....	1.00	
Worcester City Hospital Alumnae Association, Mass.....	10.00	
German Hospital Alumnae Association, New York City...	10.00	
Mary D. Saxton, Illinois Training School Alumnae Associ- ation, Chicago.....	5.00	
Rochester Homeopathic Hospital Alumnae Association, Rochester, N. Y., individual members		
Jessica S. Heal.....	5.00	
Emily J. Jones.....	3.00	
Ida McAfee.....	1.00	
Louise Schmitt.....	1.00	
Rochester General Hospital Alumnae Association, Roches- ter, N. Y., individual members		
Lucy M. Bayley.....	1.00	
Katharyn Asseltine.....	1.00	
Graduate Nurses' Association, Montgomery, Ala.....	15.00	\$2,304.20

*Disbursements*

April 1st.	
Application approved Number 1—15th payment.....	\$10.00
Application approved Number 2—4th payment.....	5.00
Application approved Number 3—3rd payment.....	15.00
Application approved Number 4—2nd payment.....	20.00
Farmers Loan & Trust Company, exchange on cheques.....	1.11



## May 1st.

Application approved Number 1—16th payment.....	\$10.00	
Application approved Number 2—5th payment.....	5.00	
Application approved Number 3—4th payment.....	15.00	
Application approved Number 4—3rd payment.....	20.00	
Union and Advertiser, 500 rules for Relief Fund.....	7.50	108.61
		<u>\$2,285.59</u>
June 1, 1916, balance in bank.....		\$2,285.59
13 bonds.....		13,000.00
2 certificates of stock.....		2,000.00
June 1, 1916.....		<u>\$17,285.59</u>

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City.

For information address Mrs. William L. Crass, Montesano, Washington.

Will those who have made pledges kindly send second payment to the treasurer, as many are now due.

*Correction.* In the report for month of February, 1916, the amounts should read

Kentucky State Nurses' Association of Graduate Nurses.....	\$40.00
Alumnae association of Methodist Episcopal Hospital Training School for Nurses, Brooklyn, N. Y.....	25.00

The treasurer transposed the figures by mistake.

M. LOUISE TWISS, Treasurer.

## REPORT OF THE ISABEL HAMPTON ROBB FUND, JUNE 12, 1916

Previously acknowledged.....	\$24,302.42
Sale of photographs, through Miss Lawler.....	30.00
Massachusetts Homeopathic Alumnae Association.....	25.00
Graduate Nurses' Association, Montgomery County, N. Y.....	25.00
Hahnemann Hospital, Rochester, N. Y.	
Mrs. Mary B. Curtice, Superintendent.....	\$2.00
Davena Somerville, Assistant Superintendent....	2.00
Gladys Mann.....	1.00
Pauline Pforner.....	.50
Pupil nurses.....	8.50
Christ Hospital Alumnae Association, Jersey City, N. J.....	14.00
Austin Patton, Wellesley, Mass.....	10.00
Graduate Nurses' Association, Birmingham, Ala.....	10.00
Pupil nurses, Louisville City Hospital.....	5.00
Nurses' Club, Teachers College, New York.....	14.00
Graduate Nurses' Association, Canton, O.....	10.00
Ingle-side Hospital, Canton, O.....	25.00
Illinois Training School Alumnae, Chicago, Ill.....	5.00
Jackson Sanatorium Alumnae, Danville, N. Y.....	185.00
Hartford Hospital Training School Alumnae.....	50.00
Public Health Nurses' Association, Washington, D. C.....	10.00
	<u>8.50</u>

From Detroit, Michigan, through Grace E. Coons, treasurer of committee from Wayne County Nurses' Association:

Graduates of Farrand Training School.....	\$22.50
Children's Free Hospital, nurses on duty.....	5.00
Visiting Nurse Association staff.....	23.00
Board of Health Nursing staff.....	23.00
Zoe La Forge.....	5.00

St. Mary's Hospital graduates: \$1 each from Wilhelmmina Weyhing, Caroline Hamahan, Elisabeth Robertson, Maud McGlynn, Mabel Thomas, Alma Beechie, Grace Storck, Mary McIntee.....	8.00
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Providence Hospital graduates: \$1 each from Ada McGinn, Margaret Meers, Sarah McLean, M. Bailey, Catherine Gansen, Louise Leyes, Angela Sands, Mary Keeling, Natalia Heine, Grace Koons, Catherine Miltner, Edith McL. Craig, B. E. Rosenthal.....	13.00
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City of Detroit Receiving Hospital: \$1 each from E. Crowley, Mary Kelly, Christine McIntyre, Anna Gagnon, Sophie Taurianen, Mary Siehrs, Rose M. Kennedy.....	7.00
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Woman's Hospital and Infants' Home.....	15.00
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\$1 each from Mildred Matthews, Josephine Deyell, Mary E. Mangan, Carol Klenk, Margaret Weadick, Melba Freedman, Tilla Marr, Winifred Turville, Misses Curry, Treyman, Medhurst, Murphy, Hartwell, Lord, Bruce, E. T. Conat, H. Williamson, Miss Perrin, Clara Cleary, Blanche Meyers, Bess Murch, Misses Meraw, Inch, McIlhargy, Lillian Maynard, Isabelle Gibson, Mrs. Vaughan, Mrs. Westendorf, a friend.....	29.00
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Farrand Training School nurses.....	105.00
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\$1 each from Kathleen Martin, Margaret Johnston, Betty MacKinnon, Jeannette Dole, Mrs. Eva Crehan, Isabel S. Douglass, Katherine Csarnecki, Mary Asselin.....	8.00
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263.50

Mary L. Keith, Superintendent Rochester General Hospital.....	10.00
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Emma J. Jones, Assistant Superintendent Rochester General Hospital.....	5.00
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\$24,977.42

Make all checks payable to the Merchants Loan and Trust Company, Chicago, and send all contributions to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Mass.

## NAVY NURSE CORPS

*Appointments:* Elisabeth M. Sturmer, St. Joseph's Hospital, Philadelphia; Charge Nurse Jewish Sanatorium, Philadelphia; Judith C. Lindbloom, Ellis and Physicians' Hospital, Schenectady, N. Y.; Municipal Nurse, Schenectady;

Florence Magee, Ardmore, Pa.; Samaritan Hospital, Philadelphia; Head Nurse Children's Homeopathic Hospital, Philadelphia; Loretta Hanlon, of Jacksonville, Fla.; St. Joseph's Hospital, Savannah, Ga.; Virginia Lee Gray, of Baltimore, Md.; Columbia and Children's Hospitals, Washington, D. C.; Addra Webber, Rosemary, N. C.; Samaritan Hospital, Philadelphia; Helen Louise Abbe, of New York; Columbia and George Washington Hospitals, Washington, D. C.; two years service with Dr. Grenfell, in Labrador; Charge Nurse of Convalescent Home, Washington, D. C.; Mary Frissell, Colorado Training School, Denver, Col.; Annie Delaney, St. Leo's Hospital, Greensboro, N. C.; Sarah Almond, Boston City Hospital, Boston, Mass.; Mary B. Wise, of Newport, R. I.; St. Joseph's Hospital, Providence, R. I.

*Transfers:* Mary A. Mulcahy, to Annapolis, Md.; Edith N. Lindquist, to New York; Florence B. Martin, to Annapolis, Md.; Ella A. F. Blain, to Guam; Sara M. Cox, Chief Nurse, to Washington, D. C.; J. Beatrice Bowman, Chief Nurse, to Guam; Helen Louise Abbe, to New York, N. Y.; Fridricha Braun, to Mare Island, Cal.; Mary T. O'Connell, to New York; Virginia Lee Gray, to Washington, D. C.; Ethel L. McVey, to Tutuila, Samoa; Frida Krook, to Mare Island, Cal.; Addra Webber, to New York; Loretta M. Hanlon, to Norfolk, Va.; Judith C. Lindbloom, to Chelsea, Mass.; Betty W. Mayer, to New York, N. Y.; Kathrynne Doering, to New York, N. Y.; Olive Riley, to New York, N. Y.; Lucia D. Jordan, to Philadelphia, Pa.; Susan E. Roller, to Washington, D. C.; Frances Bonner, to Newport, R. I.; Mary Brooks, to Newport, R. I.; Eva R. Dunlap, to Newport, R. I.; Mamie V. McCullough, to Newport, R. I.; Elizabeth Sturmer, to Philadelphia, Pa.; Florence Magee, to New York, N. Y.; Nelle M. Shersinger, to Guam; Eleanor Lawrence, to Guam; Frances McDonald, to Canacao, P. I.; Mary A. Bethel, to Canacao, P. I.; Jennie N. Johnson, to Guam; Julia T. Nichols, to Canacao, P. I.; Mary L. Frissell, to Mare Island, Cal.; Frances B. Liggett, to Washington; Emma L. Hehir, to Washington, D. C.; Susie I. Fitzgerald, to Philadelphia, Pa.; Mary B. Wise, to Chelsea, Mass.; Lilly E. White, to Washington, D. C.; Sarah Almond, to Newport, R. I.; Della V. Knight, Chief Nurse, to Annapolis, Md.; Charlotte A. MacNally, to Mare Island, Cal.

*Honorable Discharge:* Elsie T. Patterson; Grace E. Leonard; Isabelle Caldwell; Anastasia M. Cowper; Margaret Boylan; Isabella Erskin; Elisabeth Dence.

*Resignations:* Bertha I. Prints; Helen B. Kenney; Evelyn Sims; Wilhemine Kilmer.

*Appointments Revoked:* Alice Newman; Florence M. Blake; Stella Morris.

*Discharged:* Anna Kane; Margaret Leathley.

*Reserve Nurses List:* Grace E. Leonard; Hannah Workman; Isabella Erskine.

LENAH S. HIGBEE, *Superintendent of Navy Nurse Corps.*

#### ARMY NURSE CORPS

##### (May Report)

*Re-Appointment.*—Elisabeth Tack, graduate of St. John's Hospital, Pittsburgh, Pa.; assigned to duty at Army General Hospital, Fort Bayard, N. M.

*Transfers.*—To Walter Reed General Hospital, Takoma Park, D. C.: Lillian J. Ryan, Elisabeth J. Crowley. To Post Hospital, Fort Leavenworth, Kansas: Grace G. Engleman, Agnes I. Skerry. To Letterman General Hospital, San Francisco, California: May K. Gannett, H. Elvira Helgren, Mary A. Davis, Emily S. Hess, Helen M. Pickel. To Department Hospital, Manila, P. I.: Carrie L. Howard, with assignment to duty as chief nurse.

*Discharge: Carrie M. Lanaway.*

Serving under contract with Medical Department of the Army and assigned to duty at Walter Reed General Hospital, Takoma Park, D. C.: Lulu S. Davis, graduate of Samaritan Hospital, Philadelphia, Pa.; Augusta H. Timos, Los Angeles County Hospital, Los Angeles, California.

*June Report*

*Appointments.* Katherine C. Magrath, graduate of St. Francis Xavier Infirmary, Charleston, S. C.; Perlina Arnberg, St. John's Hospital, Brooklyn, N. Y.; Edith I. Barlow, Butterworth Hospital, Grand Rapids, Michigan; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. Elisabeth Valine Messner, St. Luke's Hospital, Spokane, Washington, assigned to duty at the Letterman General Hospital, San Francisco, California.

*Transfers.* To Army General Hospital, Fort Bayard, N. M.: Lulu M. Gerding, Ella M. Miller. To Letterman General Hospital, San Francisco, California: Ruth Holland.

*Honorable Discharge:* Charlotte M. Bement: Alta C. Beane.

*Resignation:* Perlina Arnberg.

DORA E. THOMPSON,

*Superintendent Army Nurse Corps.*

**PUBLIC HEALTH NURSE SCHOLARSHIPS FOR THE SOUTH.**—Included in the presentation of his paper entitled, *Lessons from a Scientific Study of Mortality Statistics of Southern Communities*, read before the Southern Sociological Congress in New Orleans, April 13, Dr. Lee K. Frankel, of the Metropolitan Life Insurance Company, announced that in order "to encourage the development of schools in public health nursing in the southern states, the Metropolitan Life Insurance Company is prepared to offer ten scholarships of \$250 each, during the scholastic year 1916-1917, to any course of instruction in public health nursing, conforming to certain standards and requirements to be set up by the National Organisation for Public Health Nursing." These scholarships are available to southern women for work in the south. To meet the requirements for these scholarships it is urged that post-graduate courses in public health nursing be established by colleges and universities in conjunction with standard visiting nurse associations. This affiliation is indispensable because neither institution alone is equipped to supply both theory and practice. Nurses desiring to qualify for these scholarships will be required to furnish satisfactory evidence of graduation from schools of nursing which conform to the standards established by the National Organisation for Public Health Nursing, and of registration, if they are residents of a state in which registration pertains. It is the hope of the Metropolitan Life Insurance Company that through the advantages of these scholarships and public health training an incentive will be given, first to the development of standard visiting nurse associations in the south; second to the development of public health forces connected with southern universities or other institutions which will give training in public health.

During the Southern Sociological Congress, Dr. Oscar W. Dowling, president of the Louisiana State Board of Health, announced that the members of the nursing staff of the Metropolitan Life Insurance Company in Louisiana were to be appointed sanitary and health officials under the State Board of Health.

**NATIONAL CONFERENCE OF CHARITIES AND CORRECTIONS.**—This year's conference at Indianapolis lasted for eight days, during which time five sessions



were given to health subjects. Many nurses were present, but no reports of their share in the meetings have reached us.

**AN EXHIBIT OF THE PROGRESS IN DENTISTRY.**—An illustrative exhibit of dental progress was held in Philadelphia for four days late in April, including historical records and preventive work.

**THE GUILD OF ST. BARNABAS** held a round table during the convention at New Orleans with about thirty in attendance, Mrs. Moore presiding. Miss Scott of Philadelphia spoke on the desirability of interesting pupil nurses in the Guild. Mrs. Stephen of New Jersey brought greetings from her Branch, and from the secretary-general, Mrs. Wm. R. Howe. She described meetings, the time, place, and methods of interchange of entertainment every third month, the work done at the sewing meetings and the raising of the Sick Relief Fund. Another branch had given up pleasures to work for the war relief. An invitation was extended to all present to attend a luncheon to be given to the visitors on Monday, May 1, and also to meet at 7.30 a.m. on Sunday for Holy Communion at St. Andrews'. Mrs. Moore was untiring in her efforts to meet the members and to gather inspiration for her Branch. Twenty-three were present at the luncheon.

**Alabama: Birmingham.**—**THE BIRMINGHAM INFIRMARY** held graduating exercises on May 24, when eleven nurses received diplomas.

**Colorado: Colorado Springs.**—**THE NURSES' REGISTRY ASSOCIATION** held its monthly meeting on May 3, and accepted five new members on full membership and two on probation. A social hour followed the business meeting.

**Connecticut.**—**THE CONNECTICUT STATE LEAGUE OF NURSING EDUCATION** held its semi-annual meeting at the Griffin Hospital, Derby, on May 17. Eighteen members were present. The meeting took the form of a Round Table Conference for discussion of some of the problems of training schools connected with small hospitals, and was a very interesting one. After the meeting a social half hour and luncheon were enjoyed. **Hartford.**—**THE HARTFORD HOSPITAL TRAINING SCHOOL** held its graduating exercises at the Nurses' residence, on June 9. Prayer was offered by the Rev. Samuel Hart, Prof. C. E. A. Winslow made an address, and diplomas were presented to 38 nurses by Dr. W. D. Morgan. A reception followed.

**California.**—**THE CALIFORNIA STATE NURSES' ASSOCIATION** held its thirteenth annual Convention May 24-27, at the Hotel Vendome, San Jose. The address of welcome was made by Mayor F. R. Husted and the response by Louise Groth. After routine business, Mrs. A. A. O'Neill read a paper on Carrier Problems. At the next session, the following papers were read: The Private Duty Nurse, Ida M. Berringer; The Personal Side of the Training School, Florence Ritchie; Nursing Ethics, Cora Wilds; Our Association and What it Stands For, Mrs. Ames Evans; Hydrotherapy, by a delegate from Humboldt County. These were followed by a round table discussion, which was opened by those reading the papers. Preceding the evening session, a banquet was held at the hotel. On Friday, papers on Mental Cases and Care were read by Mary L. Sweeney, Dr. Leonard Stocking, Dr. V. H. Podstata and the discussion was led by Josephine Pincus. At the next session, Marie Jorgensen read a paper on The Nurse as a Social Worker; Minnie Sullivan one on The High School Girl in Relation to Nursing. Our Relations to Nursing Organizations was presented by Daisy M. Hanscome; Registration by Anna C. Jammé; Fraternity and Cooperation by Carrie Roberti. This session also included discussion, opened by those reading the papers. The last session was given to Red Cross papers, and was well at-

tended by the people of the city. The session for Public Health was too short for all which the interest shown demanded. All meetings were well attended, and the convention was considered the best the Association has held. As a result of the special interest shown in the session on Mental Nursing, a committee was appointed to do further work with Theresa E. McCarthy as chairman. Lillian White of Oakland was appointed field secretary to visit the training schools of the state, build up the state membership and speak on organization and registration. Miss E. T. Van Eman of Los Angeles was elected president. **San Francisco.**—THE LANE HOSPITAL ALUMNAE ASSOCIATION has obtained half of the amount necessary for the endowed bed which has been promised them in the new Lane Hospital, by voluntary contributions, a play and a bazaar. **Pasadena.**—THE PASADENA HOSPITAL SCHOOL FOR NURSES held graduating exercises on June 2, at the nurses' home, and diplomas were presented to 15 nurses.

**Illinois.**—THE ELEVENTH DISTRICT OF THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its regular meeting in Champaign on April 1. Maud Northwood is president and Frances Crabtree, secretary. THE EIGHTH DISTRICT OF THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held a meeting on May 10, at the Holmes Hospital, Macomb. Dr. Miner read a paper on Twilight Sleep, and Alice Morse gave an interesting talk on work among the people of the Kentucky mountains. Gertrude Beard was appointed to succeed Alice Morse as corresponding secretary. The next meeting will be held in Monmouth on August 17. ALICE MORSE has resigned her position as superintendent of Monmouth Hospital, and Elisabeth Proctor, a former superintendent, has consented to assume the responsibility temporarily. **Quincy.**—THE BLESSING HOSPITAL held its graduating exercises on May 18, at the Presbyterian church, when eight nurses received diplomas. On May 19, the alumnae association entertained the graduating class at a banquet and theatre party. Myrtle Walker has resigned her position as assistant at the Blessing hospital, and will take a much needed rest. THE MISSES MURPHY, D. BROWN, GROVES AND FRANKLIN, BLESSING HOSPITAL, have accepted positions in the Noyes Hospital, St. Joseph, Mo. Grace Westerman is engaged in visiting nursing in Galesburg, Ill. **Chicago.**—THE AUGUSTANA HOSPITAL TRAINING SCHOOL held graduating exercises at the Trinity Lutheran Church on May 4 and diplomas were awarded to thirty-two nurses. An informal reception was held for the class at the hospital on April 28. The annual alumnae banquet and reception for the graduating class was held at the Sherman House on May 6, with an unusual attendance of alumnae members. ANNA M. JORGENSEN former superintendent of the training school, has been succeeded by Esther T. Johnson, of Des Moines, Iowa. THE PASSAVANT MEMORIAL held its graduating exercises at the New England Congregational church on May 25, when diplomas were presented to eight nurses by Dr. O. J. Waters. The invocation was by Dr. John Gardner, and addresses were made by Dr. Norval Pierce and the Rev. L. W. Gosnell. THE ILLINOIS TRAINING SCHOOL held its graduating exercises at the West End Woman's Club on May 23, with a class of 57 nurses. MARTHA PETERS, class of 1912, has taken a position at Morenci, Arizona. CHRISTINE JAFFEK, class of 1913, is industrial nurse for the Traction Co. of Seattle, Wash. GRACE DENNY, class of 1902, is in a hospital in Honolulu. MABEL SYDNER, class of 1906, is night supervisor at the Nassau Hospital, Mineola, Long Island, N. Y. ETHELYN GRACE BENNETT, class of 1915, has accepted a position at the Rockford Hospital. Waukegan.—OLGA SALMMEYER, night supervisor at the Jane McAlester Hospital, has resigned her position and will be succeeded by Vera Seiver, class of 1915.

**Indiana: Ft. Wayne.**—THE HOPE HOSPITAL TRAINING SCHOOL FOR NURSES held its sixteenth annual graduating exercises in the First Methodist Church, on May 17, when five nurses received diplomas which were presented by Mr. A. G. Burry, with a brief talk. An address was made by the Rev. A. J. Folsom, and badges were presented by the superintendent, Miss E. M. Allbright. After the exercises the graduates and their friends were tendered a reception and dance by the alumnae association, in Minuet Hall. THE ALUMNAE ASSOCIATION held its annual meeting on May 1, and elected the following officers: president, Gertrude Barber; vice-president, Bess Sewall; secretary, Mrs. Elizabeth Wilkinson; treasurer, Elizabeth Springer. Miss Sewall was the delegate to the Convention in New Orleans. THE LUTHERAN HOSPITAL held its graduating exercises at St. Paul's Auditorium on May 10. Addresses were made by Dr. H. A. Duemling and Rev. Mr. Wambegans. Thirteen nurses received diplomas, presented by Rev. Mr. Lange. The school pins were presented by Miss Lamman, the superintendent. ELKHART.—THE ELKHART HOSPITAL GRADUATES organized an alumnae association at the hospital on April 18, and elected the following officers: president, M. Meiser; vice-president, B. Swenson; secretary, F. Patterson; treasurer, Mrs. Nellie Coxe. Bertha Friedman, one of the members, has accepted a position as superintendent of a hospital in Nebraska.

**Iowa.**—THE IOWA STATE ASSOCIATION OF GRADUATE NURSES met in Burlington, on May 18-19, the president, Ann J. Jones in the chair. The meetings opened with prayer by Rev. J. T. Kerrin. A cordial address of welcome was made by Mr. C. C. Clark. In the absence of Martha Oakes, Estella Campbell had been asked to respond, which she did in a very pleasing manner. She complimented Burlington on its well organized Red Cross Chapter. Miss Jones in her address made special mention of work which needed to be done among isolated nurses over the state. She also made a plea for workers in the foreign field, especially among the lepers. Routine business was transacted, nineteen new names being presented for membership. Helen Needles, chairman of the legislative committee, was unable to be present, and in her report which was read, she advised that nurses look into the quarantine laws, as her experience proves them unsatisfactory. A lengthy discussion followed the recommendation of the constitution committee that the annual dues should be increased. The afternoon session opened after an automobile ride about the city. It was voted that a paper for the furthering of nursing interests in Iowa be published, this paper in no way to interfere with the interests of the AMERICAN JOURNAL OF NURSING. Private Duty Nurses held round table discussions during the afternoon, with Estella Mallette as chairman. Papers were read by Jane McLaughlin and Ella Horst. The Public Health nurses held their discussions at the same time with Maud Reeder as chairman. Interesting papers were read by Wilda Hornberger, Clara Craine, Maud Reeder, Adah L. Hershey and Charlotte Ballantyne. Dr. R. H. Sylvester, professor of the State University, addressed the public health and private duty nurses, dwelling particularly on the value of the school nurses. At the evening session, held in the Congregational church, Martha Moritz, who had served with the Red Cross in the first unit sent to Russia, spoke of her experiences and the characteristics of the people. The morning session opened with business, and later Anna Goodale read a paper on Dietetics. The afternoon session was held on the boat, G. W. Hill, which was furnished by the doctors of Burlington. While enjoying the ride, business was transacted. The report of the credential committee was read for the third time and accepted. Resolutions

of thanks to the physicians and people of Burlington were adopted, and one of sorrow and sympathy for the family of Luella Bristol, whose death deprives the association of a valued worker. The election of officers resulted as follows: president, Ann J. Jones; vice-presidents, Clara Craine, Elsie Thompson; recording secretary Gyda Bates; corresponding secretary, Ella McDaniel; treasurer, Blanche Bowker; auditor, Katherine McCarthy. The association went on record in favor of equal suffrage and prohibition. The last part of the boat-ride was spent in dancing and refreshments were served. On the return to the city, the local association entertained the visiting nurses at a banquet in the Burlington Hotel. During the banquet the State Association elected the delegate to the 1917 Convention of the American Nurses' Association. THE STATE LEAGUE OF NURSING EDUCATION held a meeting on May 17. Owing to the death of the president, Luella Bristol, the removal to another state of the first vice-president, Miss Butterfield, and the resignation of the chairman of the program committee, Martha Oakes, the program was incomplete. Subjects pertaining to the welfare of the League were discussed. Officers were elected as follows: president, Josephine Creelman; vice-president, Estella Campbell; secretary, Olive Graber; treasurer, Adah Hershey. The next meeting will be held in Council Bluffs. **BOONE.**—THE ELEANOR MOORE HOSPITAL held its graduating exercises at the Virginia Theatre, on May 16. Gov. G. W. Clarke and John W. Jordan gave addresses, and the diplomas were presented to six nurses by Hon. S. L. Moore. **MARIE HALLORAN**, class of 1912, Trinity Hospital, Milwaukee, Wis., has accepted the position of assistant-superintendent at the hospital. **DES MOINES.**—THE DES MOINES REGISTERED NURSES' ASSOCIATION held a meeting on April 13, and transacted routine business. Edith Robinson resigned as trustee, and Marianna Zichy was nominated to succeed her. Charlotte Ballantyne was elected delegate to the Convention of the American Nurses' Association. On May 3, after the regular business, the topic of the afternoon program was presented, "The Organization and Its Uses to Nurses." The expected speakers not being present, each nurse was asked to give her individual experience, and the result was an interesting number of speeches. Seventeen members were present. **ANNA MADSEN**, University Homeopathic Hospital, Iowa City, has accepted a position at the School of Midwifery, Bellevue Hospital. THE IOWA METHODIST HOSPITAL held its graduating exercises on the morning of May 26, at the First Methodist church. Dr. James W. Campbell, president of Simpson College, made an address, and diplomas were presented to thirty nurses. Pins were presented by Rev. Dilman Smith. The exercises were followed by a picnic at Greenwood Park, and in the evening the graduates were entertained at a banquet by the students, which was followed by a reception in the solarium of the hospital. THE GENERAL HOSPITAL graduating exercises were held on May 31, at the First Friends' Church, when six nurses received diplomas. On May 24, the graduates were entertained at a banquet and reception, at the home of Dr. and Mrs. A. E. Shaw, by the acting superintendent, Emma Yeager, and the junior class. THE COMMISSIONERS OF DES MOINES have appointed Charlotte Ballantyne as Baby Nurse. **KATHERINE DIEHL** has resigned her position as superintendent of the Iowa Methodist Hospital Training School. **LYDIA MCCONNELL**, class of 1910, has resigned her position as assistant superintendent. **ISABEL KELLEMAN** has resigned as floor supervisor and will take up work with the Iowa Association for the Prevention of Tuberculosis. **OTTUMWA.**—THE OTTUMWA HOSPITAL has a new home for pupils, which is named the Elisabeth Trotter Memorial Home, in memory of Miss Trotter



who spent the last twenty years of her life as superintendent of the hospital and training school. The alumnae association gave \$500 toward the home. Burlington.—THE BURLINGTON HOSPITAL graduating exercises were held at the Congregational Church on June 7, and seven nurses received diplomas. Iowa City.—JOSEPHINE CREELMAN, St. Luke's Hospital, Cedar Rapids, has resigned the position of superintendent of the State University Hospital, which she has held for six years, and will take a needed rest. Waterloo.—THE BLACK HAWK COUNTY ASSOCIATION held its regular meeting in March and admitted a number of new members. Martha Webster presented the topic for discussion, Profession, the Meaning of the Term. At the April meeting the topic was Private Duty Nursing.

Kentucky: Louisville.—THE JEFFERSON COUNTY GRADUATE NURSES' CLUB held its annual meeting at the Club House and yearly reports of the Club House and Registry were presented. The membership of the Club, and the capacity of the Club House have both been increased. Officers were elected as follows: president, Katherine Jenkins; vice-president, Jane Hambleton; recording secretary, Bertha Lips; corresponding secretary, Ona E. Riggs; the Commencement exercises of the City Hospital were held during the week of May 21, beginning with a sermon at the Broadway Baptist church. The graduates were entertained at dinner by the faculty of the training school, a reception by the alumnae, a picnic supper and theatre party by the intermediate class. The formal exercises were held in the Auditorium of the hospital, addresses being given by the Reverend Frank Thomas and Dr. Leon L. Solomon. Dr. J. W. Fowler, presented the diplomas to nine nurses. FLORA KEEN has resigned her position as assistant superintendent of nurses and will give all her time to the duties of secretary of the Board of Nurse Examiners, and State Inspector of Training Schools. MARY E. FOREMAN will succeed her at the hospital. RUTH WILLIAMS class of 1913, will take charge of the operating room, filling the position of Miss Foreman. THE CITY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and elected the following officers: president, M. Steilberg; vice-president, Mary Alexander; secretary, Mary Foreman; treasurer, Mattie Johnson.

Louisiana: New Orleans.—Celia M. Maher, acted as marshal of 150 nurses who marched in the Preparedness Parade on June 3. They wore white uniforms, a brassard of white satin with a red cross on the left arm, and their hats. The nurses were grouped as follows: Red Cross nurses, Louisiana State Nurses' Association, graduates not affiliated, and student nurses. Shreveport.—THE T. E. SCHUMPERT MEMORIAL HOSPITAL TRAINING SCHOOL held graduating exercises on May 16, on the Campus. The address and presentation of diplomas were made by Dr. A. B. Nelson, and the closing address by Rev. C. D. Barland. Seven nurses were in the class, which took the Nightingale Pledge. On May 21, the State Board examinations were held in the Physicians and Surgeons Club Rooms and seven nurses were examined.

Maryland.—THE MARYLAND LEAGUE OF NURSING EDUCATION held its regular meeting at the home of Helen Bartlett, in Baltimore on March 15. Anna Herkner presented the subject of Child Labor in detail. A social hour followed. A regular meeting was held on May 17, at the Church Home and Infirmary, and the following officers were elected: president, Jane E. Nash; vice-president, Frances M. Branley; secretary-treasurer, Mrs. Henrietta Knorr. Miss Lawler gave an interesting report of the convention of the National Association held in New Orleans. THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held a meeting at Sheppard-Pratt Hospital, Towson, on April 14, Miss Lawler in the

chair; motion pictures pertaining to "The Activities of the Red Cross Town and County Nursing Work" were greatly enjoyed by the nurses, and all expressed great interest in the exhibit. Jane A. Delano, chairman of the National Committee of Red Cross Nursing Service spoke on "The Organization of Hospital Units for Service in War." The meeting closed with a delightful social hour, Mrs. Sargent being hostess. Baltimore. A meeting was called by Mrs. Knorr, Chief of Nursing Division, Health Department, on April 15, to form an association of the nursing forces connected with the Department. Dr. Blake, Commissioner of Health, addressed the meeting, speaking of the advantage of the association, to the Department as well as to the nurses and of the necessity for intelligent cooperation of all health agencies and for knowledge of existing needs in all matters pertaining to the health of the city. A nominating committee was named. Dr. Howard, Assistant Health Commissioner, spoke on the need of cooperation and the value to be gained by interchange of thoughts and ideas. The officers of the association are: chairman, Mrs. Henrietta E. Knorr; vice chairman, Mary L. Kelly; secretary, C. Smith. On May 9, a meeting was called of all public health nurses in the city to form an association to be known as The State Association of Public Health Nurses of Maryland. Mrs. Knorr and Miss Lent spoke of the value of such an association and of affiliation with the Maryland State Association and with the national organization. It was decided to form such an association, and the following officers were elected: chairman, Mrs. Henrietta Knorr; secretary, Miss Parker; treasurer, Isabel Clark. Dues are to be fifty cents yearly. A special meeting of the association was held on May 15, when Frances M. Etchberger was elected vice chairman and Susie M. Jones, recording secretary. Isabel Clark gave a report of the discussions on dispensaries which took place at the National Tuberculosis Convention held in Washington. Mary Lent spoke of dispensaries as discussed at the New Orleans Convention, also of the value of the statistics of public health work. Miss Lent also spoke briefly concerning her new duties as assistant to Miss Crandall. THE MARYLAND UNIVERSITY SCHOOL FOR NURSES held its graduating exercises on May 18, Arthur M. Shipley, M.D. gave an address and diplomas were presented to twenty-five nurses by Randolph Winslow, M.D. The class was entertained at a banquet by the alumnae association on May 16. A regular meeting of the association was held on June 6, when the report of the delegate to the Convention was enjoyed. THE JOHNS HOPKINS HOSPITAL held its graduating exercises on May 24, when diplomas were awarded to 55 nurses. THE GENERAL HOSPITAL TRAINING SCHOOL held its graduating exercises on April 18, when diplomas were presented to 14 nurses. THE HEBREW HOSPITAL TRAINING SCHOOL held graduating exercises on May 17.

**Massachusetts.**—THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its annual meeting in Boston on June 13, and elected the following officers: president, Sara E. Parsons; vice-presidents, Lucia L. Jaquith, Mary A. Myers; recording secretary, Julia A. Smith; corresponding secretary, M. E. P. Davis; treasurer, Esther Dart; historian, Mary M. Riddle. **Boston.**—THE NEW ENGLAND HOSPITAL FOR WOMEN AND CHILDREN TRAINING SCHOOL COMMITTEE entertained the graduates of the school on June 10. The occasion was only marred by the disappointment felt at the absence of Linda Richards. By the will of Sarah Elisabeth Hearsey of Dorchester, the Boston Floating Hospital receives \$1000. The Massachusetts Homeopathic Hospital and the Home for Incurables each one-third the residue of the estate. Nurses took a prominent part in the Prepared-

ness Parade on May 27. Graduates of the Boston City and the Massachusetts General wore white uniforms with English headdresses (kerchiefs). Sara E. Parsons led the Massachusetts General nurses, and the Misses Nichols and Noyes the Boston City. Graduates of the Homeopathic were in white and students in pink and grey-blue. Graduates of other large Boston schools marched in small bodies. The nurses' division was heartily applauded. Dr. Laura A. C. Hughes, R.N., had charge of the First Aid Stations for Civilians by invitation of the State Surgeon-General. The staff of twenty nurses met at the Club House, to receive orders and insignia. This was the twenty-sixth time Dr. Hughes has had charge of First Aid Stations. MAY B. DICKENSON, FIELD SUPERVISOR, DIVISION OF HYGIENE, STATE DEPARTMENT OF HEALTH, gave an illustrated lecture at the Boston Nurses Club, on April 12. THE BOSTON CITY HOSPITAL held its graduating exercises on May 26 and diplomas were awarded to fifty nurses by the superintendent, Dr. J. J. Dowling. The address of the evening was made by the mayor, and a reception followed the exercises. BRENDA F. MATTICE, class of 1896, Boston City Hospital, who has been engaged in executive work with the first Canadian Unit, is organising a large Canadian hospital at Orpington, England. GRACE L. MCINTYRE, class of 1904, Boston City Hospital, has resigned her position at the Lying-in Hospital, and accepted one as assistant at the Rhode Island Hospital, Providence. THE CARNEY HOSPITAL has received \$2500 from the estate of Mrs. Margaret E. Noonan, of South Boston. THE FAULKNER HOSPITAL, JAMAICA PLAIN, held graduating exercises on May 31. Sara E. Parsons, superintendent of nurses at the Massachusetts General, gave the address. THE LONG ISLAND HOSPITAL held graduating exercises in the chapel of the hospital on June 9. Twenty-five nurses received diplomas which were presented by Dr. J. H. Cunningham, who also administered the Hippocratic Oath in the modified form for nurses, thus establishing a precedent for Massachusetts. Mary A. Myers, superintendent of the training school, presided at the exercises. THE BOSTON CITY HOSPITAL ALUMNAE ASSOCIATION met at the home of Mrs. Gertrude Cooper Allen, class of 1901, at Attleboro, on June 6. There were ninety members present, from Boston, Lowell, Providence and Plymouth. The treasurer reported a fund of \$12,221. Of this sum \$1500 belongs to the Educational Loan Fund, which was started at the suggestion of one who had taken the course at Columbia and who thought that a loan from the alumnae would be more satisfactory than for the members to compete for scholarships. There was free discussion, and the subject is to be further considered. There were several expressions of opinion in favor of the fund being available for pupil nurses. The desk which had been presented to Dr. Rowe by the graduates, on his departure from the hospital, has been given by Miss Rowe to the alumnae. Interesting items concerning members who are or have been serving in Europe were reported. Mary E. Gladwin, who is still resting at her home in Ohio, from her labors in Serbia, was given a laurel wreath in Beverly, where she was formerly in charge of a hospital. The report of the Convention in New Orleans was read by Miss Nichols. Essex County.—Plans are being made to start a Central Directory for the county, to be located at Lynn. It is hoped that membership in the state association will be increased through this means. By a recent bequest the Lynn Hospital receives \$25,000. By the will of James Longley, of Boston, the Presbyterian Hospital of Chicago receives \$150,000. Newton Lower Falls.—THE NEWTON HOSPITAL held graduating exercises for a class of twenty-seven nurses on June 1, under a large tent in the hospital ground. Mary E.

Riddle, who has had a furlough for a year will resume her duties as superintendent on July 1. Malden.—THE MALDEN HOSPITAL graduating exercises were held in the Pratt Building on April 18, when Emma M. Nichols made an address, and diplomas were presented to seven nurses. Rockland.—VISITING NURSING has become well established in the town. Pittsfield.—THE HOUSE OF MERCY ALUMNÆ ASSOCIATION held its annual meeting on June 2, and elected the following officers: president, Mary M. Marcy; secretary, Lissie L. MacNeil; treasurer, Grace H. Bettis. There was a good attendance and several important subjects were discussed. Haverhill.—By the will of Mrs. Mary N. Martin of Boston, the Hale Hospital will receive \$1000. Following other bequests the New England Home for Crippled Children is made residuary legatee.

Michigan.—THE MICHIGAN STATE NURSES' ASSOCIATION held its twelfth annual meeting at the Park American Hotel, Kalamazoo, on May 23-24, and elected the following officers: president, Ida M. Barrett, Grand Rapids; vice-presidents, Fantine Pemberton, Ann Arbor, Mrs. Martin M. Foley, Detroit; recording secretary, Christine Hendrie, Grand Rapids; corresponding secretary, Anna M. Schill, Flint; treasurer, Katharine Hart, Petosky; councillors, Mrs. Lystra E. Gretter, Detroit; Sarah E. Sly, Birmingham. Detroit.—THE FARRAND TRAINING SCHOOL FOR NURSES of the Harper Hospital held its graduating exercises on April 25. THE GRACE HOSPITAL graduating exercises were held at the Westminster Church on May 18. Grand Rapids.—THE KENT COUNTY NURSES' ASSOCIATION held its regular meeting at St. Mary's Hospital on May 8, when Dr. James S. Brotherhood gave an interesting talk on Laboratory Tests as an Aid in Diagnosis. The following officers were elected: president, Ida Reber; vice-presidents, Mary Welsh, Mrs. Susan Apted; recording secretary, M. E. Hollis; corresponding secretary, Maude Herrow; treasurer, Matilda Pfeifer. Detroit.—THE WAYNE COUNTY NURSES' ASSOCIATION held its regular monthly meeting on June 2. The president, Zoe LaForge, gave an interesting report of the Convention of the American Nurses' Association, which she attended as delegate. MEMBERS OF THE DETROIT RED CROSS NURSING SERVICE were guests at the monthly meeting of the Wayne County Nurses' Association held May 5, at the Women's Federation Club House. Harriet Leek, vice-president, presided. She, having been appointed one of the delegates to the annual meeting of the Women's Federation held April 28, gave a brief report of the papers and reports given by the different departments or Clubs. Agnes Deans gave a report for the Club House Committee, also demonstrated with a map how the state could be divided to conform with progressive ideas of dividing the states into district organizations instead of county and city, with state and national affiliation as the sequence. The members present voted to invite nurses residing in Oakland, Macomb and Monroe counties to join the Wayne County Nurses' Association in forming such a district. As the result of the report of the Club House Committee a mass meeting will be called for September 1, for the purpose of discussing ways and means of establishing a Club House. At the close of the business session Mrs. Gretter gave a talk on Red Cross membership. Grand Rapids.—THE BUTTERWORTH HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting at the home of Mrs. Janette Boer Barker, on June 7, and elected the following officers: president, Gertrude Lyle; vice-presidents, Mrs. Nellie J. Van Keulen; recording secretary, Lulu Cudney; corresponding, Mrs. Charles Metcalf; treasurer, Ines Mosher. Sara Halsay, who has just returned from Belgium, where she served as a Red Cross nurse, gave an account of her experiences.



**Minnesota:** THE MINNESOTA STATE GRADUATE NURSES ASSOCIATION held its Twelfth Semi-Annual meeting in Minneapolis, on May 16. It was chiefly devoted to Public Health Nursing, and papers were read on the different branches of the work being done in the state. Infant Welfare was reported by Mrs. Margaret Lettice, visiting nursing by Lina Holl, and Minnie Paterson gave a brief account of the small towns in the state which have recently employed school and visiting nurses. The delegate, Irene English, gave an inspiring and interesting report of the convention held in New Orleans. C. A. Madsen, who served under the Red Cross at Budapest gave an interesting account of her experiences. The afternoon meeting closed with an exhibition of the moving picture film, sent out by the Red Cross Town and Country Nursing Service. Many student nurses, who had been invited for this part of the meeting, were present. The evening meeting was held at the Woman's Club. A paper on Community Nursing, which was the result of correspondence with many cities which are handling the problem in different ways, was read by Miss Isaacson. Katherine Olmstead, supervising nurse of the Wisconsin Anti-Tuberculosis League gave a fine talk, and made many practical suggestions. Miss Olmstead was surrounded by nurses eager to discuss their own particular problems, and great satisfaction with her visit was expressed. The absence of the president of the association, because of illness, was deeply regretted. **Red Wing.**—THE ST. JOHN'S HOSPITAL ALUMNAE ASSOCIATION held its fifth annual meeting on May 29, and elected the following officers: president, Mrs. George Cook; vice-president, Mary Hanson; secretary, Marie Bothman; treasurer, Marie Gillstorf. The five members of the graduating class were taken into membership, and a social hour followed.

**Missouri:** Kansas City.—THE GENERAL HOSPITAL held its graduating exercises at Morton's Hall on May 25. The Rev. Donald D. Monroe gave the invocation and an address, and addresses were also made by Mayor G. H. Edwards and George H. Tefft. Diplomas were presented to fourteen nurses by Dr. G. P. Pipkin. The week of commencement included a service at the Grand Avenue Temple on Sunday, a junior entertainment, dinner to the faculty by the graduates, a class evening, and a picnic by the alumnae association.

**Montana:** Great Falls.—MARGARET HUGHES has been giving a course of lectures on Public Health Nursing to the students of a number of training schools. The Deaconess and Columbia Hospitals formed a joint class, and the venture promises to be very satisfactory. Miss Hughes also speaks of the value to nurses of organization and registration.

**Nebraska:** STATE BOARD EXAMINATIONS were held at the State House, Lincoln, and at the Y. M. C. A., Omaha, on May 2-3. One hundred nurses presented themselves, twenty-five of whom took subjects in which they had previously failed. **Omaha.**—GRADUATES OF THE GENERAL, and Lord Lister (formerly General) Hospital held a reunion on May 6. Luncheon was served at the Loyal Hotel, the guests of honor being Dr. and Mrs. E. C. Henry, Mrs. Spalsbury, superintendent of nurses, and the graduating class. The reunion was under the auspices of the alumnae association, and a meeting of the association was held in the afternoon. The new officers are: president, Anna Buman, secretary, Lillian Luben. The graduating exercises were held at the hospital on May 6, when five nurses received diplomas. THE CLARKSON HOSPITAL ALUMNAE ASSOCIATION held its annual banquet at the Nurses' Central Club on May 10, with an attendance of 40 members. THE WISE HOSPITAL graduating exercises were held at Temple Israel on May 27, when twelve nurses received diplomas. The alumnae

Association held its annual banquet at the Nurses' Central Club on May 29. **MAE DAVIS** has succeeded **Grace V. Bradley** as registrar at the Nurses' Central Club and Registry. Miss Bradley will devote her time to the secretaryship of the Board of Nurse Examiners. Miss Davis is a graduate of the General Hospital and is well acquainted with the city, physicians and nurses. **Mrs. Ella Morrow** has been appointed on the Board of Nurse Examiners, to succeed **Elsie Sandman**, whose term expired. Mrs. Morrow is associated with the Morrow Hospital of Seward. **Sister Elise Hirschler**, superintendent of the Mennonite Deaconess Hospital, has returned from taking a post-graduate course in St. Louis, Mo.

**New Hampshire: Manchester.**—**THE ELIOT HOSPITAL ALUMNAE ASSOCIATION** held its annual banquet at the Hotel Orrington on June 7. A brief business meeting and social hour followed the banquet. **Laconia.**—**THE MATO-NICHOLS NURSES' HOME**, of the Laconia Hospital, was dedicated on April 10. The graduating exercises of the school were held the same day, and four nurses received diplomas, presented by the mayor of the city. The home has been built in anticipation of possible future need and is complete and satisfactory.

**New Jersey.**—**THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING** held its first annual meeting on May 20, in the First Presbyterian Church, Newark. An excellent paper on Pre-natal Diet and Care was prepared by **Mabel A. Parker**, and discussed by **Beatrice Gosling**. **Mrs. J. W. Cunningham**, president of the Long Branch Visiting Nurses' Association, gave impressions from a layman's point of view on Some Activities in Child Care. The following officers were elected: president, **Mrs. d'Arcy Stephen**; vice-president, **Mrs. Charlotte Heilman**; secretary, **Helen E. Forbes**; treasurer, **Mary MacIlroy**. The membership of the association is now fifty, most of whom were present. **Newark.**—**THE CITY HOSPITAL GRADUATING EXERCISES** were held on May 24, with a class of twenty-four nurses. An unusual feature of their training is that all but a few received diplomas for a course of training at the Isolation Hospital for Contagious Diseases, at Soho. **THE HOSPITAL OF ST. BARNABAS ALUMNAE ASSOCIATION** held its annual meeting at the nurses' home, on May 12, and elected the following officers: president, **Mrs. May Frances Turner**; vice-president, **Catherine Leith**; treasurer, **Emma Young**; secretary, **Mrs. Mabel Bissell**. A social hour followed. **Nutley.**—**CORA HETWOOD** has been appointed by the president of the Board of Health as visiting nurse. Miss Heywood is a graduate of the State Hospital, Grafton, Mass., and has recently completed a special course in visiting nursing in Orange. **Camden.**—**COOPER HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting at the nurses' directory, June 8. Officers were elected as follows: president, **Mrs. Elizabeth T. Wilson**; vice-presidents, **Elsie M. Pedrick**, **Mary R. Kelly**; treasurer, **Mrs. Anna L. McNeary**; secretary, **Emily A. Jummel**. After the meeting the association entertained the superintendent, the assistant-superintendent and the graduating class of the training school, at a luncheon. **THE COUNTY SOCIETY OF NEW JERSEY GRADUATE NURSES, FIRST DIVISION**, held a regular meeting at the Teachers Club, Montclair, on May 8. An interesting exhibition of fancy dancing was given by school children under the direction of their social worker, **Minnie Lucey**. **Summit.**—**THE OVERLOOK HOSPITAL TRAINING SCHOOL** held its graduating exercises in Lincoln Auditorium on May 25, and diplomas were awarded to five nurses. **Elizabeth.**—**THE GENERAL HOSPITAL** graduating exercises were held on May 26. Diplomas were presented to eight nurses. **Long Branch.**—**THE MONMOUTH MEMORIAL HOSPITAL** held its

graduating exercises on May 19. Hon. Henry E. Ackerson gave an address on Preparedness. A prize of \$50 was awarded to Blanche Von Beidil, a senior, and one of \$25 to Gertrude Colewell, a junior, for proficient work. Orange.—THE ORANGE MEMORIAL HOSPITAL held its graduating exercises on May 18, and eleven nurses received diplomas presented by the new president of the hospital board, Mrs. F. Westervelt Tooker. The valedictorian, Bertha Fiske Haley, received a prize of \$25 for proficiency in theory and practice.

New York: New York.—THE BELLEVUE TRAINING SCHOOL FOR NURSES held its graduating exercises at the Nurses' Residence, on May 11, when diplomas were awarded to thirty-nine nurses. Lavinia L. Dock presents a set of her History of Nursing to the nurse attaining the highest average. This was won by Josephine Pate. The annual meeting of the Alumnae Association was held at the Club Rooms in Osborn Hall on May 20, and the following officers were elected: president, M. A. Reading; vice-presidents, Lillian Neilson, F. McCulloch; recording secretary, M. E. Cameron; corresponding secretary, M. E. Rothman; treasurer, E. G. Paulding. On June 14, a Fete was given in the garden of Osborn Hall. Mrs. Martha Scott will act as hostess at Edith Camp. The capacity of the Camp has been increased by eight beds and an enlarged dining room, through the generosity of Mrs. William Church Osborn. JANE ELIZABETH HITCHCOCK, secretary of the State Board of Nurse Examiners has changed her office from 285 Henry Street to 600 Lexington Ave. PUBLIC HEALTH NURSING has received a wonderful recognition in Mrs. Elisabeth Milbank Anderson's gift to the endowment fund of the Henry Street Settlement. While she made no stipulation as to the disposition of the \$100,000 which she so generously offered, Mrs. Anderson expressed "an interest in furthering the work of the visiting nurse service and preferred that it should be retained as a contribution to the permanent endowment fund." She expressed a deep and abiding faith in Miss Wald, and desired to make expression of a recognition of her services both to the city and to the country. That she chose the visiting nurse staff, out of all of the activities and interests in which Miss Wald has had a part, gives keen satisfaction to the large group of nurses who have from time to time been her aids in the work. For some months the friends of the Settlement have been making concerted effort to form a permanent endowment fund in order that Miss Wald might be relieved from a part at least of the financial burden of this large public service. The work has now reached such proportions, and is of such civic value, that its financial status should no longer depend upon the life and health of one woman. The gift of Mrs. Anderson, the largest single one to any similar organization of which we are aware, will be of immense aid in establishing this fund. At a time when the whole world seems mad with carnage, it is heartening to learn that some one has stopped to provide for development of the gentler deeds of peace. The thought comes to mind, that all of Mrs. Anderson's gifts have been made to some educational or other uplifting cause. They have benefited Barnard College, Teachers College, Social Welfare Work, the Children's Aid Society, the Milbank Baths, etc., etc., and show that the donor's ideal monuments are those that spring from the simple human desire to make her inheritance of service to those who need. The consciousness of this impulse on Mrs. Anderson's part adds another note of happiness in accepting this large aid to the permanent endowment fund of the Henry Street Settlement. THE METROPOLITAN HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises on May 18, at the Hospital. The Alumnae Association gave the annual dinner at the Hotel McAlpin, on

April 26. Speeches were made by Agnes S. Ward, and one of the earliest graduates, who gave an interesting account of the rapid growth of the hospital. THE PHRENTYRIAN HOSPITAL held its graduating exercises in the Florence Nightingale Hall on May 17, and diplomas were awarded to thirty-four nurses. THE JAMAICA HOSPITAL ALUMNAE ASSOCIATION has given to the Board of Trustees, since January 1, \$550, to be used to instal a bathroom for the superintendent and to provide 352 yards of linoleum. The association also held a linen shower for the hospital. At the April meeting the following officers were reelected; president, Nora E. Young; secretary, May J. Beacon; treasurer, Lillian J. Weir. ON JUNE 1, Elizabeth E. Golding took charge of the registry of the New York Hospital Alumnae Association at its clubhouse, 8 West 92d Street. GRACE E. STAMP, Mt. Sinai Hospital, who has been superintendent of Memorial Hospital, Orange, N. J., for six years, has resigned, to take a position in the west. Buffalo.—THE BUFFALO HOMEOPATHIC HOSPITAL held its graduating exercises at the training school on May 23, and diplomas were given to fifteen nurses. Utica.—THE FAXTON HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on March 14 and elected the following officers: president, Anna Cronin; vice-presidents, Josephine Clarke, Susie Soule; secretary, Pearl Stout; treasurer, Ellen Buell; treasurer of endowment fund, Amelia Grant. FLORENCE JOHNSON, for five years superintendent of the hospital, has resigned. Canandaigua.—THE FREDERICK FERRIS THOMPSON HOSPITAL held its graduating exercises in the Congregational Chapel on June 2. Ten nurses received diplomas. White Plains.—THE WHITE PLAINS HOSPITAL held graduating exercises on April 12. Diplomas were presented to four nurses by D. H. E. Schmid. Reverend H. E. Wright delivered an address and a reception and dance followed the exercises. Rochester.—THE ROCHESTER GENERAL HOSPITAL held its graduating exercises at the hospital, on June 8. Mary M. Riddle made an address, and Dr. J. F. Whitbeck presented diplomas to 24 nurses. THE MONROE COUNTY NURSES' ASSOCIATION held a regular meeting on May 29. Acting upon a suggestion offered at that time, plans were made for nurses to join in the Preparedness parade, held on June 10. One hundred and sixteen graduate nurses, dressed in white, and wearing the kerchief head-dress, marched, irrespective of schools. Brooklyn.—THE KING'S COUNTY HOSPITAL held its graduating exercises in the chapel of the hospital on May 9. Diplomas were presented to thirty-one nurses by Commissioner John A. Kingsbury. Scholarship prizes were awarded by Dr. J. F. Fitzgerald to Mrs. Bentille Dufresne, who had an average of 98 for all classes during the course; to Theodosia Behr, whose average was 97. Edith M. Cooke was awarded the prize for excellence in obstetrics. Miss Behr and Pauline Lovering were given prizes for bacteriological work. The Alumnae Association held a regular meeting on May 3 when Mrs. Mary Anderson made an address. The graduating class was present, and joined the association in a body. LONG ISLAND COLLEGE ALUMNAE officers were elected as follows: president, M. Hoge; vice-presidents, Misses Kenny and Weagant; corresponding secretary, Maud A. Hicks; recording secretary, Anne Burgess; treasurer, M. W. Phelps; director, Miss Caldwell. ELIZABETH STRINGER, a field supervisor of the Metropolitan Life Insurance Company, has resigned to become superintendent of the Brooklyn Visiting Nurse Association. Miss Stringer has been succeeded by Minnie H. Bridges, lately of the Massachusetts State Department of Health. Schenectady.—THE SCHENECTADY COUNTY NURSES' ASSOCIATION held its annual meeting and banquet at Glenn's on June 10. Addresses were made by Edith Atkin and Mrs. Anna Alexander. At the busi-



ness meeting officers were elected as follows: president, Mrs. Marguerite Wieneke; vice-presidents, Wilhelmina T. Hoffman, Mrs. Edith Loomis Jeffers; corresponding secretary, Caroline Buckley; recording secretary, Anna O'Brien; treasurer, Nellie T. Ryer. Clifton Springs.—THE CLIFTON SPRINGS SANITARIUM graduating exercises were held on June 1. Addresses were given by Amy M. Hilliard and Dr. Henry Lubeck, rector of Zion and St. Timothy church, New York. Diplomas and pins were presented by the superintendent of nurses, Blanche L. Niles. A reception followed. The week was taken up with many festivities, including a banquet by the alumnae association to the new members, twenty in number. GUDORA SORNBERGER has accepted a position as operating room nurse at Youngstown, Ohio. HAZEL FRALICK, class of 1916, has been appointed night supervisor at the Sanatorium. Ogdensburg.—THE ST. LAWRENCE STATE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the hospital on May 2. Mary C. Worden was reelected president, Jennie M. Short vice-president, Daniel Farley secretary, and Herbert Washburn treasurer. The Association reported a very progressive year. The senior class of Syracuse University, College of Medicine, spent three days at the Hospital in May, observing mental and nervous cases. Clinics and demonstrations were conducted for their benefit by the physicians and nurses of the hospital. Jennie M. Short, class of 1915, has been appointed to the staff of the District Nursing Association, Boston, Mass.

North Carolina: THE NORTH CAROLINA STATE NURSES' ASSOCIATION held its fourteenth annual meeting at Winston-Salem, on May 30, June 2. The address of welcome was made by Mayor O. B. Eaton, the response by Cleone Hobbs. An address on A Consideration of Medical Fakes and Fakers was given by Fred. Hanes, M.D. An important feature of this session was the discussion of the revision of the nurses' bill, which was referred to the legislative committee. A reception followed. Routine business was transacted at the morning session of the next day, and papers were read by Edith Redwine, Maude Baity and Mrs. Claude Barbee. Following reports of local associations, state board of examiners, and of the training school visitor, at the afternoon session, papers were read by Margaret Graham, Henrietta Vandenburg and Christie Pinner. At the close of the meeting an automobile ride and banquet at the Country Club, Rotary Club, was enjoyed. Early on the morning of June 1, Red Cross Nurses met, and at 9.30 a business meeting of the association was held, which included reports of various committees and papers by Hettie Reinhart and Virginia Gibbs. Interesting papers were read at the afternoon session. Friday morning was devoted to Public Health Nursing topics, and the afternoon to routine business. Delegates to the 1917 Convention of the American Nurses' Association, were elected as follows; Eugenia Henderson, Birdie Dunn; alternates, Lois Toomer, Dorothy Hayden. Cleone Hobbs was elected the delegate to the National Red Cross Congress, and will choose her alternate. Officers were elected as follows: president, Eugenia Henderson; vice-presidents, Mary L. Wyche, Constance Pfohl; secretary, Mrs. Dorothy Hayden; treasurer, A. E. Kelly; directors, Hattie Lowry, Belle Reese. Cleone Hobbs was tendered a vote of thanks for her four years' service as president of the association. Mary L. Wyche was enthusiastically voted a life member of the board of directors. Eighteen new members were received. Raleigh.—THE RALEIGH GRADUATE NURSES' CLUB entertained Ella Philips Crandall on June 1-2. As there was much agitation along the lines of Public Health work, Miss Crandall's visit and talks were well timed. Miss Crandall made addresses before the Graduate Nurses' Association, the pupil

nurses of Rex Hospital, and a large and representative audience at a public meeting; a department of the Woman's Club, and by invitation, the students of Meredith College and St. Mary's School. In January of this year the Metropolitan Life Insurance Company, the North Carolina Board of Health, and the chief of the Bureau of Tuberculosis, made a contractual agreement whereby the State Board of Health and the Metropolitan Life Insurance Company will work jointly in the establishment of Public Health Associations throughout the State. The Metropolitan Life Insurance Company will continue to pay the associations on a per visit basis for the nursing care of its policyholders and the State and the Company together will share the expense of a traveling State Public Health Supervisor. The communities themselves will be expected to aid in financing their nursing services. North Carolina already has 25 nursing centers.

**North Dakota:** THE NORTH DAKOTA STATE NURSES' ASSOCIATION held its annual convention at Minot, on April 13-14. The following officers were elected: president, Mabel Olson; vice-presidents, Lila Halverson, Louise Hoerman; secretary-treasurer, Frances Riordan; corresponding secretary, Ethel Stanford; members of the executive board, Jennie Mahoney, Sondrine Norgaard, Hilda Storm and Agnes Patterson. Eighty-six members were present. Bertha Erdman was made honorary member, as was also Mrs. Randall Lawrence, graduate of the Florence Nightingale Training School. **Fargo.**—ST. JOHN'S HOSPITAL held its graduating exercises in the chapel on June 1, when Father Alfred, of Moorhead, Minn., presented diplomas to three nurses. Following the exercises student nurses entertained the graduates at an informal reception in the new nurses' home. THE ALUMNAE ASSOCIATION held its annual meeting on June 8, and elected the following officers: president, Mrs. A. L. Wall; vice-president, Karen Braastan; secretary, Irene Gallogly; treasurer, Jessie Green. The association gave a banquet for Rose Clark, class of 1911, who has been accepted as a student in Simmons College, Boston, where she will take the course in Public Health Nursing. Mrs. Gudrum Bondahl, graduate and superintendent of St. Luke's Hospital, will take the four months' course in surgery at the Polyclinic Hospital, New York, during the summer. THE ST. JOSEPH SISTERS have recently erected a new nurses' home for St. John's Hospital, and a reception to the public was held on May 26. The home is beautifully equipped with all modern conveniences. THE NORTHWESTERN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on May 28, and elected the following officers: president, Mildred McCarty; vice-president, Alma Bettcher; secretary-treasurer, Mabel Thorson. Three members were chosen as an aid committee and five as an entertaining committee.

**Ohio:** THE OHIO STATE NURSES' ASSOCIATION held its thirteenth annual convention at the Hotel Gibson, Cincinnati, on June 5-7. Prayer was offered by Reverend Alson H. Robinson, and the address of welcome by Mr. Dauner, vice-mayor, and the response by Jane L. Tuttle. The president's address followed. At the afternoon session, Agnes Deans, of Detroit, spoke on Central Registries for Nurses and discussion was led by Mrs. MacAdam. The local Red Cross Chapters reported and an address was made by Annie Laws. Mention was made that Mary Gladwin was leaving again for Serbia, and a message of greeting was sent her from the association. After a banquet given the State Association by the Graduate Nurses' Association of Cincinnati and Hamilton County, the evening meeting was held, Laura Logan, president of the Cincinnati society, presided. Dr. Charles P. Emerson, Dean of the Medical College, Indiana State University, was the principal speaker, followed by Dr. C. R. Holmes. Dr. Martin

Fisher, and Helena Stewart of the State Board of Health, also spoke. The State League of Nursing Education with Harriet P. Friend as chairman, occupied the morning session. Papers were read by Miss Blackman, Isabel Fleming, Harriet Leete and Elisabeth Holt. A letter of greeting was sent to Miss Greenwood, who had always been so intimately associated with the League, and was unable to be present. During this session a round table for private duty nurses was held in another hall, Agnes Deans leading the discussion. A request was made that a session for this branch of workers be provided for at the next convention of the State Nurses' Association, and that the president appoint a chairman to have charge of the session. The Public Health Nursing League occupied the greater part of the afternoon session, Florence E. Walker, chairman. Papers were read by the Misses Hope, Bentley and Helbert, also John R. McDowell, Chief Director of Health, of Springfield. At the same time the League of Nursing Education held a round table discussion in another hall, led by Grace Allison, the subject being Text Books for Training Schools and Training School Records. A general business meeting followed, and the endorsement of Cleveland by the association for the 1918 National Convention was acted upon. The following officers were elected: State Association for Graduate Nurses: president, Mary M. Roberts, Cincinnati; vice-presidents, Grace E. Allison, Cleveland, Jane Tuttle, Columbus, Miss Steinmets, Akron, Merry Echols, Massillon, Miss Mapes, Toledo; recording secretary, Mabel Morrison, Toledo; corresponding secretary, Laura Logan, Cincinnati; treasurer, Miss Jamieson, Columbus. State League of Nursing Education: president, Harriet P. Friend, Dayton; vice-presidents, Merry Echols, Massillon, Miss Hemingway; secretary-treasurer, Miss Williamson, Cleveland. Public Health Nursing League: president, Miss Lorimer, Columbus; vice-presidents, Miss Stewart, Columbus, Miss Swainhardt, Cleveland; secretary-treasurer, Miss Gadd, Springfield. Cleveland.—THE LAKESIDE HOSPITAL SCHOOL FOR NURSES held its graduating exercises on May 18. The invocation was by Alexander McGaffin, D.D. An address was given by M. Adelaide Nutting and diplomas awarded to thirty nurses. A reception was held at the close of the exercises. THE CITY HOSPITAL ALUMNAE ASSOCIATION held its monthly meeting on April 5, at the home of the Misses Higgins and Seabold. A social hour followed the business session. THE GRADUATE NURSES' ASSOCIATION has started a registry for attendants with Grace Bentley as supervisor. JEAN WILSON, Illinois Training School, Chicago, has joined the Visiting Nurse Staff. Youngstown.—THE YOUNGSTOWN HOSPITAL NURSES' ASSOCIATION held its regular meeting at the Stambaugh nurses' home, on April 11, and elected the following officers: president, Esile T. Mohler; vice-presidents, Retta Johnson, Catherine Davis; secretary, Pearl M. Worley; treasurer, Winifred Campbell. A social hour followed. Akron.—THE CITY HOSPITAL held its graduating exercises for two classes, 1915-1916, on May 17. Diplomas were awarded to four graduates of 1915, and eight of 1916, by Mr. Ohio C. Barber. The invocation was by Rev. W. L. McCormick, and addresses by Dr. J. H. Seiler and Mr. C. B. Raymond. Hamilton.—The property east of the present site of Mercy Hospital has been purchased, thus increasing the usefulness of the hospital. Columbus.—THE GRANT HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting on April 16. An address was made by Jennie Tuttle, on Social Workers.

Pennsylvania: Philadelphia.—THE PRESBYTERIAN HOSPITAL ALUMNAE ASSOCIATION has held monthly meetings, which have been well attended during the winter. At the November meeting, Elisabeth Foster, who has served four-

teen years as a missionary in India, spoke of her nursing work there. Miss Foster is chief nurse at the Woman's Presbyterian Mission Hospital, Kolhapur, India, and will return for her third seven year term of service. A reception was given for her, following the meeting. At the December meeting, Mrs. Claude Bedford spoke on Suffrage, and in January, a member of the Pennsylvania Women's Division for National Preparedness gave a talk. At the February meeting, Bernard J. Newman, secretary of the Housing Commission, gave an illustrated talk on Housing Conditions of Philadelphia. Prof. Ambrose L. Subrie gave a talk on professional standards at the March meeting, and in April, Margaret A. Dunlop, who has recently returned from service at the American Ambulance Hospital of Paris, gave an account of her experiences. The reception to the graduating class was given in March. THE HOWARD HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on May 2. The report of the committee having in charge the card party showed that sixty dollars was obtained. This with the accumulated interest makes up the \$1,000 promised by the nurses to the managers of the hospital, toward the new building. Pittsburgh.—THE HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION held a sale on April 14, at which \$275 was realized, toward the endowment fund. Recently elected officers are: president, Alice A. Griewold; vice-presidents, Anna M. Barr, Sidney Parker; treasurer, Mrs. Caroline H. Metcalf. Philadelphia.—THE SAMARITAN HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on April 25. An interesting address was given by Dr. W. Wayne Babcock. The members decided to assist in the \$1,000,000 campaign of the Temple University, of which the hospital is a part, by contributing \$100, to the Endowment Fund. ELLA FREESE will sail for Swatow, China, in September, as a missionary under the Baptist Board of Foreign Missions. THE HAHNEMANN HOSPITAL ALUMNAE ASSOCIATION held a meeting on May 2. Margaret Whitaker announced that owing to the generosity of the trustees of the hospital, an endowed room has been secured for invalid members. The Association held its annual meeting on June 6, with a large attendance. The delegate to the National Convention read an interesting account of it. Miss Rommel, the president made a short address, and the following officers were elected: president, Edith Rommel; vice-presidents, M. Margaret Whitaker, Emily Kempe; secretary, Annie E. Kerns; treasurer, Edith M. Frescoln; directors, Mrs. Anna Thomas, Eva J. Wood, Margaret Anderson. A social hour followed. THE HOWARD HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on May 23, with sixteen members present, and elected the following officers: president, Christine Luten; vice-president, Rhoda Bookheimer; treasurer, Edna J. Ruoff; secretary, L. Ardell Stone. The association held a regular monthly meeting on June 6, when letters from private duty nurses and the NURSES' CLUB of Philadelphia relative to conferences to be held, were read. THE NURSES' CLUB OF PHILADELPHIA COUNTY held a meeting on May 1 and elected the following officers: president, Mrs. J. L. Moyer; vice-presidents, Frances Taylor, Margaret Whitaker, Marie T. Lockwood; recording secretary, Margaret W. Ayers; corresponding secretary, Sarah Crossett; treasurer, Margaret Montgomery. THE PENNSYLVANIA STATE ORGANIZATION FOR PUBLIC HEALTH NURSING was formed on January 17, with the following officers: president, Margaret R. Burns, Wilkes Barre; vice-president, Anna K. Sutton, Philadelphia; treasurer, Mary W. Miller, Harrisburg; secretary, Anna B. Heldman, Pittsburgh. Pittsburgh.—THE ALLEGHANY GENERAL HOSPITAL ALUMNAE ASSOCIATION has elected the following officers: president, Rachel Messingham; recording secretary, Mrs. E. L.



Chatham; treasurer, Ermina Roof; corresponding secretary, Anna G. Hosack. **Washington.**—THE WASHINGTON HOSPITAL ALUMNAE ASSOCIATION has elected the following officers: president, Elisabeth Burns; vice-presidents, Mary Hanlon, Florence Wright; secretary, Mary Wells; treasurer, Jennie M. Johnston.

**Rhode Island.**—THE STATE BOARD OF EXAMINERS registered thirty-nine graduate nurses at the May examination. Eight were honor pupils having an average of ninety or over. THE RHODE ISLAND LEAGUE OF NURSING EDUCATION met at the Homeopathic Hospital, Providence, on April 17. The members of the State Board of Examiners spoke of Faults in the Education of Nurses from the Examiner's Standpoint. Providence.—THE RHODE ISLAND CENTRAL DIRECTORY FOR NURSES held its ninth annual meeting in the Library of the Rhode Island Medical Society on May 23. Officers for the ensuing year were elected as follows: president, Mrs. Bertha Perry Westcott; vice-presidents, Margaret M. MacCaughy, Kate E. Quinn; corresponding secretary, Lena A. Vincent; recording secretary, Mrs. Genevieve Tracy O'Rourke; treasurer, Margaret E. Ross; directors for three years, Mary G. Hennessey and Mrs. Ednah Seale Moore. The reports showed a very satisfactory condition of the affairs of the Directory and the retiring Board is worthy of great praise for the way it has been managed. THE RHODE ISLAND HOSPITAL held its annual graduating exercises on May 24 when forty-one diplomas were presented. The address of the evening was by M. Adelaide Nutting. A reception followed. The Alumnae Association met on May 22 and listened to the report of the national convention given by Mrs. Churchill. At a meeting of the Nurses' Club on May 2, a demonstration was given by the nurses in training. THE HOMEOPATHIC HOSPITAL held graduating exercises on May 17 in the Parish House of Trinity Methodist Church. Five nurses received diplomas, presented by William H. Waite, president of the Board of Trustees. The address was given by Dr. Henry C. Hall, assistant superintendent of Butler Hospital, and president of the State Board of Examiners of Trained Nurses. Dr. Whitmarsh, for many years closely associated with the hospital, presented the school pins. A feature of the evening was the taking of the Florence Nightingale Pledge by the graduating class led by Miss Van der Water, superintendent of the hospital. A reception followed in the Parish House. BUTLER HOSPITAL held graduating exercises for a class of twenty-two on June 6. The speaker of the evening was Dr. Henry M. Hurd of Baltimore. Diplomas were presented by Charles H. Merriman, president of the Board of Trustees. A reception followed the exercises. The Alumnae Association gave a dinner to the graduates and guests on the evening of June 7. THE CITY HOSPITAL FOR CONTAGIOUS DISEASES is to establish clinics and dispensaries. The Hospital Commission recommends the establishing of a Charitable Dispensary in the near future as a beginning of this work. THE LYING-IN HOSPITAL held its annual meeting on May 24 and reported a very successful and busy year, over one thousand cases having been treated. The Board asks for a new and up-to-date hospital building in a cleaner and quieter part of the city. They report a recent gift of \$10,000 from John E. and Mary Brown for building purposes. **Howard.**—THE RHODE ISLAND STATE HOSPITAL held graduating exercises at the hospital on May 26. Seven nurses were given diplomas, presented by the Hon. Walter A. Read. The address was given by Dr. Elisha H. Cahoon of the Boston State Hospital, on Social Service and its Application to State Hospitals.

**TEXAS.**—THE GRADUATE NURSES' ASSOCIATION OF TEXAS held its tenth annual convention in Houston, in the Harris County Medical Assembly room,

April 24-27, Miss E. L. Brient presiding. Interesting papers or talks were given on the following subjects: Importance of Record Keeping, E. F. Cook, M.D., of Houston; Private Duty, Miss Rutledge of Dallas and Miss Middleton of Temple; report of Red Cross work, Miss Pouder of Dallas; report of the San Francisco convention, Mrs. Engblad of Houston and Miss A. Taylor of San Antonio; Public Health Work, May Smith and Miss Lynch of Dallas; City and Country Work, Mrs. Parsons of San Antonio; Special Training for Nurses, Miss Carlton of Temple; Anaesthesia as a Field for Nurses, Dr. Martha Wood of Houston; reports from San Antonio and Houston, Miss Behrens and Mrs. Engblad. At the business session the constitutional amendment providing for the affiliation of local associations with the state was passed unanimously. The following officers were elected for the ensuing year: president, Mrs. Grace Engblad, Houston; vice-presidents, Miss Middleton, Temple, Mrs. White, Galveston, Miss Moore, Austin; secretary-treasurer, Retta Johnson, Houston; delegate to the American Nurses' Association in 1917, Annie Van Arsdale, Dallas. It was the good fortune of the association to have as its guest, Mary C. Wheeler of Chicago, who gave in her talks many helpful suggestions to the members and an inspiration to do better work for themselves and for humanity. Dallas.—THE GRADUATE NURSES' ASSOCIATION OF DALLAS held its annual meeting on May 4, when the following officers were elected: president, Annie Van Arsdale; vice-president, Mrs. A. Rembert; treasurer, Edna DeSoto; recording secretary, May Watkins; corresponding secretary, Amy Wilcox. Houston.—MRS. GRACE ENGBLAD has resigned her position as superintendent of the visiting nurses and will engage in other public health work. The Baptist Sanitarium graduated a class of ten on May 30, when exercises were held at the First Baptist Church.

Utah: Salt Lake City.—St. Mark's Hospital Training School for Nurses held its 21st annual commencement in St. Mark's Cathedral on April 25. Bishop Paul Jones administered the Nightingale Pledge and presented the diplomas to eleven nurses. Dr. H. P. Kirtley made the address of the evening. A reception after the exercises was held at the Ladies' Literary Club.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION held its annual meeting at the Hotel Vermont in Burlington on May 9, with an attendance of thirty-five members. The entire membership of the association is now 120, eighteen new members having been admitted. The meeting was opened with prayer by Rev. C. C. Adams, followed by an address by the president, Mary E. Schumacher. After the transaction of business a dinner was held. In the evening an exhibition of moving pictures on public health subjects was given. The officers elected were: president, Flora Landon, Burlington; vice-presidents, Elsie Pease, Burlington, Margaret T. Louthier, Burlington; secretary and treasurer, Florence E. Miller, Burlington; assistant secretary, Minnie Roddy, Rutland; directors, Mrs. Jane Tower, Mabel E. Stevens, both of Burlington. The next meeting will be held in Brattleboro. The League of Nursing Education held a meeting following that of the state business meeting. The newly-elected officers of the League are: president, Hattie E. Douglas, Randolph; vice-president, Elisabeth Hennessey, Brattleboro; secretary and treasurer, Caroline M. Swift, Burlington. The next meeting will be held in St. Johnsbury in August. Burlington.—HATTIE E. DOUGLAS has resigned her position at the Mary Fletcher Hospital to become superintendent of the Randolph Sanitarium, Randolph.

Wisconsin: WAUWATOSA.—THE MILWAUKEE COUNTY HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on May 25, with fifteen members

present. Membership has been increased during the year by twelve. It was voted to send twenty-five dollars to the Nurses' Club House in Milwaukee. Officers were elected as follows: president, Miss Fuller; vice-presidents, Mrs. Placsek, Miss Sullivan; secretary, M. Wallau; treasurer, Miss Hardwick.

#### CORRECTIONS

The following errors due to this office appeared in the April and May issues: **New Jersey.**—Reading should be, "Miss Rockhill and Miss Bertha J. Gardner were elected delegates to the National Convention in New Orleans," instead of, "Bertha J. Gardner was elected delegate to the convention of the American Nurses' Association, and the president, Miss Rockhill, will attend by virtue of her office."

**Connecticut.**—The May JOURNAL states that the health of Miss Churchill did not permit her to attend the convention as delegate. The item should read, "Miss Flang, who was elected as delegate, being unable to attend, on account of ill health, Miss Churchill as alternate was voted to represent the alumnae."

**Massachusetts:** In March issue, reading should be, "The New England Baptist Hospital held graduating exercises for a class of ten in Ford Hall," instead of the "New England Hospital, etc." The New England Hospital for Women and Children received the bequest of \$5,000 instead of the New England Hospital. In the April number, read, "Under the will of Julia H. Copeland, the Boston Floating Hospital," instead of the "Boston City Hospital."

The following error was not due to this office:

**Michigan:** The statement in the April JOURNAL that Lucy M. Bushey was supervisor of nurses with the Michigan State Board of Health is incorrect. Mary Marshall holds the position.

**Massachusetts:** The Massachusetts correspondent wishes to state that the workers at the Peter Bent Brigham Hospital are sending from 25 to 55 cases of supplies weekly to the hospitals of the Allies.

#### BIRTHS

On May 5, at the Iowa Methodist Hospital, a daughter, to Mr. and Mrs. Hunt. Mrs. Hunt was Idella Pugh, Iowa Methodist Hospital.

On April 21, a son, to Mr. and Mrs. Charles Denton. Mrs. Denton was Margaret Tucker, class of 1906, City Hospital, Minneapolis, Minn.

On March 29, at Cynwyd, Pa., a daughter, Jeannette Woodhull, to Mr. and Mrs. Philip Fulton Randolph. Mrs. Randolph was Edna Wallis, class of 1911, Presbyterian Hospital, Philadelphia, Pa.

On February 28, a son, to Mr. and Mrs. A. C. Millman. Mrs. Millman was Amanda Carlson, class of 1914, Illinois Training School, Chicago.

On March 30, a son, John Thomas, to Mr. and Mrs. I. E. Watters. Mrs. Watters was Edna Knight, class of 1909, St. Luke's Hospital, Cedar Rapids, Iowa.

On April 22, a son, John Sterling, to Rev. and Mrs. J. W. Chase. Mrs. Chase was Esther Marcroft, class of 1908, St. Luke's Hospital, Cedar Rapids, Iowa.

On May 21, at Paterson, N. J., a son, to Mr. and Mrs. F. Evers. Mrs. Evers was Anna Diving, class of 1914, St. Joseph's Hospital, Paterson.

Recently, at Newmarket, Ont., a son, to Mr. and Mrs. S. Jayne. Mrs. Jayne was M. Van Every, class of 1900, General Hospital, Buffalo, N. Y.

On May 29, at Chicago, Ill., a son, to Dr. and Mrs. Frederick Munch. Mrs. Munch was Miss Kundert, Wesley Hospital, Chicago.

On May 2, at St. Louis, Mo., a son, to Dr. and Mrs. H. P. Graul. Mrs. Graul was Alice Hafner, class of 1910, Lutheran Hospital, St. Louis.

On April 13, at Youngstown, Ohio, a daughter, to Mr. and Mrs. R. B. Dobbins. Mrs. Dobbins was Marion L. James, class of 1915, Howard Hospital, Philadelphia.

On May 2, at Philadelphia, a daughter, to Mr. and Mrs. Charles E. Lurcott. Mrs. Lurcott was Mrs. L. K. Roller, class of 1907, Howard Hospital, Philadelphia.

On April 19, at Tower City, N. D., a daughter, to Mr. and Mrs. Frank Loar King. Mrs. King was Olive Ashland, class of 1910, Abbott Hospital, Minnesota.

On March 17, at Omaha, Neb., a son, to Mr. and Mrs. L. L. Harris. Mrs. Harris was Irma Parrish, class of 1912, Omaha General Hospital.

On May 12, at East Orange, N. J., a daughter, Phyllis, to Mr. and Mrs. J. I. Kats. Mrs. Kats was Marian Clark, class of 1915, Homeopathic Hospital, Essex County, N. J.

On May 15, at Newark, N. J., a son, to Mr. and Mrs. Milton Warnock. Mrs. Warnock was Matilda Spendlove, Homeopathic Hospital, Essex County, N. J.

On May 8, at Clifton Springs, N. Y., a son, to Mr. and Mrs. Clarence Bailey. Mrs. Bailey was Lorena Garrison, class of 1907, Clifton Springs Sanitarium.

On April 20, at Phelps, N. Y., a daughter, to Mr. and Mrs. Martin Newman. Mrs. Newman was Ella Stacy, class of 1907, Clifton Springs Sanitarium.

On May 1, at Colrain, Mass., a son, to Reverend and Mrs. C. Frank Stacy. Mrs. Stacy was Gertrude Flath, class of 1915, Clifton Springs Sanitarium.

Recently, at Buffalo, N. Y., a son, to Dr. and Mrs. Getman. Mrs. Getman was Adelyn Brown, class of 1903, General Hospital, Buffalo.

On April 18, a daughter, to Mr. and Mrs. Arthur L. Smith. Mrs. Smith was Ada Thornton, Grant Hospital, Columbus, Ohio.

#### MARRIAGES

On October 21, at Hardwick, Vt., Helen Traver Sanford, class of 1907, Protestant Episcopal Hospital, Philadelphia, Pa., to William Richard Brown. Dr. and Mrs. Brown reside in Philadelphia.

On May 20, at Ames, Iowa, A. Laura Smith, Iowa State University Homeopathic Hospital, Iowa City, to Howard Campbell, M.D. Dr. and Mrs. Campbell will live in Anita, Iowa.

On May 10, at Des Moines, Iowa, Loudeam Boatright, Iowa Methodist Hospital, Des Moines, to A. B. Shaw, M.D. Dr. and Mrs. Shaw will live in Des Moines.

On May 2, at Des Moines, Iowa, Mary S. Burns, Mercy Hospital, to Peter N. Jans. Mr. and Mrs. Jans will live in Appleton, Wis.

In May, at Waterloo, Marcia Webster, Finley Hospital, Dubuque, Iowa, to J. Henry Quade. Mr. and Mrs. Quade will live on a ranch near Lincoln, Mont. Miss Webster had been engaged in visiting nurse work in Waterloo for the last three years.

On April 5, at San Francisco, Cal., Grace Eldora Romine, class of 1901, Illinois Training School, Chicago, to Fay Dudley Flint. Mr. and Mrs. Flint will live in Lakeport, Calif.

On April 7, Isabella Law, class of 1904, Illinois Training School, to Chester S. Davidson. Mr. and Mrs. Davidson will live in Morenci, Ariz.



On March 4, at San Antonio, Tex., Marjorie M. Taylor, University of Pennsylvania Hospital, Philadelphia, to Thomas J. Walthall, M.D. Dr. and Mrs. Walthall will live in San Antonio. Miss Taylor was superintendent of the Physicians and Surgeons Hospital, San Antonio, for several years, and secretary of the Texas State Board of Nurse Examiners.

On March 7, at New York, N. Y., Jennie B. Sloan, Uniontown, Pa., Hospital, to John O'Dowell. Miss Sloan was assistant superintendent of Uniontown Hospital. Mr. and Mrs. O'Dowell will live in Uniontown.

On March 10, at New York, Ada Thorne Booth, Hospital of the University of Pennsylvania, to John Milton Keyler. Mr. and Mrs. Keyler will live in Ardmore, Pa.

On April 22, at Brodheadsville, Pa., Mary Ella Hoffman, class of 1904, Protestant Episcopal Hospital, Philadelphia, to Edward C. Rowe. Mr. and Mrs. Rowe will live in Analomink, Pa.

On April 17, at Cincinnati, Ohio, Edith Hockert, Christ Hospital, Cincinnati, to Carey V. Hodgson.

On April 12, Sarah Matilda Howard, class of 1907, Massachusetts General Hospital, to James Martin. Mr. and Mrs. Martin will live in Germantown, Pa.

On April 20, Minnie E. Lee, class of 1911, Halstead Hospital, to O. F. Hake. Mr. and Mrs. Hake will live in Minneapolis.

On June 3, at Boonton, N. J., Aida H. Salmon, class of 1913, Hartford Hospital, Conn., to Elmer S. Bagnall, M.D. Miss Salmon had been head nurse at the Hartford Isolation Hospital and the Children's Department of the Hartford Hospital. Dr. and Mrs. Bagnall will live in Boston.

On May 23, at Boston, Mass., Alice Lucinda Todd, class of 1909, New England Baptist Hospital, to Allen Webb Breed. Mr. and Mrs. Breed will live in Arlington, Mass.

On April 25, Josiette Hayden, class of 1897, Orange Memorial Hospital, Orange, N. J., to William T. Carter. Mr. and Mrs. Carter will live in Waltham, Mass.

In March, at Augusta, Maine, Ann Lawrence, Augusta General Hospital, to Prentissman Gale.

On April 10, at Houston, Texas, Adeline Strohr, class of 1913, St. Joseph's Infirmary, to Frederick Sidney Weis. Mr. and Mrs. Weis will live in Houston.

On March 1, at Minneapolis, Minn., Blanche Elizabeth Frink, class of 1909, St. Luke's Hospital, Cedar Rapids, Iowa, to Arthur E. Johnson.

On January 12, Edna F. Preising, class of 1915, Presbyterian Hospital, Philadelphia, Pa., to Alexander O. Campbell. Mr. and Mrs. Campbell will live in Newtown Square, Pa.

On June 15, at Wakefield, Mich., Florence Gilbert, class of 1915, Jane McAlister Hospital, Waukegan, Ill., to Harold McArthur. Mr. and Mrs. McArthur will live in Waukegan.

Recently, Alice Christ, class of 1915, Hahnemann Hospital, Philadelphia, to William Brown. Mr. and Mrs. Brown will live in Philadelphia.

Recently, Frances Bitterlich, class of 1915, Hahnemann Hospital, Philadelphia, to John Shellend. Mr. and Mrs. Shellend will live in Philadelphia.

On April 25, May V. McCarthy, Samaritan Hospital, Philadelphia, to Charles P. Cassidy.

On February 26, at Detroit, Minn., Rachel Isaacson, class of 1906, St. John's Hospital, Red Wing, Minn., to Bent Nelson. Mr. and Mrs. Nelson will live in Canby, Minn.

On June 6, at Frontonac, Minn., Rose Steiger, class of 1911, St. John's Hospital, Red Wing, Minn., to Joseph Beford. Mr. and Mrs. Beford will live at Bellechester, Minn.

On May 24, at Birmingham, Mich., Marion A. Burns, class of 1904, Lutheran Hospital, St. Louis, to Harry J. Paddock. Mr. and Mrs. Paddock will live in Birmingham.

Recently, Emma Parks, class of 1914, City Hospital, Louisville, Ky., to Guy Sonaker, M.D. Dr. and Mrs. Sonaker will live in Arnoldsburg, W. Va.

Recently, Nettie Burch, graduate of the Schenck Memorial Hospital, Seymour, Ind., to Clifford Starr. Mr. and Mrs. Starr will live in Seymour.

Recently, Vonda Barth, class of 1913, John N. Norton Infirmary, Louisville, Ky., to David Keith, M.D. Dr. and Mrs. Keith will live in Louisville.

On March 15, at New York City, Harriet Fowler Campbell, class of 1912, Faxon Hospital, Utica, N. Y., to Hoyt Lincoln Jamieson.

On April 24, Mary Agnes Gertrude Mathews, German Hospital, New York, to Hickson Woolman Field. Mr. and Mrs. Field will live in New York.

On April 26, at Detroit, Mich., Emilie Wegnar, class of 1914, Grace Hospital, Detroit, to Erwin Eveleth, M.D. Dr. and Mrs. Eveleth will live in Detroit.

On May 27, Pearl Weed, class of 1912, Bismarck Hospital, Bismarck, N. D., to Hugo Mella, M.D. Dr. and Mrs. Mella will live in Bismarck.

On June 2, at Brandon, Vt., Clara J. Churchill, class of 1897, Mary Fletcher Hospital, Burlington, Vt., to Archibald Ferguson. Mr. and Mrs. Ferguson will live in Burlington.

#### DEATHS

On April 25, at Cedar Rapids, Iowa, Dorothy Smith, class of 1913, Presbyterian Hospital, Chicago, Ill. Miss Smith was night supervisor at St. Luke's Hospital, Cedar Rapids. She was canoeing on the Cedar River with one of the nurses, when she lost her paddle, became frightened and upset the boat.

On May 6, at Zellienople, Pa., Helen Frances Curry, class of 1915, Washington Hospital, Washington, Pa. Miss Curry died of tuberculosis, never having been able to practice her profession since graduating.

In early April, Lorena Marston, class of 1913, Minor Private Hospital, Seattle Wash. Miss Marston went to Berar Providence, India, soon after graduating, as a missionary, and in March she contracted smallpox, from which she died in three weeks. Miss Marston had labored faithfully under exacting and strenuous conditions.

On March 2, at the Children's Sanitarium, Seattle, Wash., Mary Irene Farrall, class of 1900, Post-Graduate Hospital, Chicago, Ill. Mrs. Farrall had done private nursing for several years, and in January, 1915, with Bertha Keast, opened the Children's Sanitarium. She was seriously ill in October, but had apparently recovered, and was on duty when her sudden death occurred. Mrs. Farrall was a charter member of King County Graduate Nurses' Association, and for many years had served on the executive board.

On March 27, at the Woman's Hospital, Philadelphia, Elisabeth Rankin, class of 1888, University Hospital of Pennsylvania. Miss Rankin was for a number of years engaged at the General Hospital, Braddock, Pa.

On April 16, Olga Holtman Anderson, class of 1900, Augustana Hospital, Chicago, Ill. Mrs. Anderson was ill but a few hours.

On May 16, at Prince Edward Island, Mrs. Harry Muttart. Mrs. Muttart was Annie L. MacNeill, class of 1893, Boston City Hospital.

On April 19, Edna M. Pennock, class of 1906, Hahnemann Hospital, Philadelphia. Miss Pennock had been an invalid for many years.

On March 21, Margaret Jane Hughes, class of 1912, King's County Hospital, Brooklyn, N. Y. Miss Hughes had been a head nurse at the hospital since her graduation, and at the time of her death was instrument nurse in the operating room. Her cheerful disposition made her beloved by all. She was an active member of the alumnae association.

On December 27, at Rochester, Minn., J. Emily Holst, class of 1908, St. John's Hospital, Red Wing, Minn. Miss Holst was a charter member of her alumnae association.

On May 16, at Buffalo, N. Y., Rebina Patterson, class of 1896, General Hospital, Buffalo. Miss Patterson died of cerebral haemorrhage, while on duty. Her friends thought that as a woman and nurse, she had few equals and no superiors.

On May 31, at Montreal, Quebec, Canada, Mrs. B. T. Campbell. Mrs. Campbell was Helen Rankin, class of 1909, Buffalo General Hospital, Buffalo, N. Y., and was married a year ago. Her untimely death is mourned by a large circle of friends.

Recently, at St. Joseph's Hospital, Logan, N. D., Mrs. James Shaw, following an emergency operation. Mrs. Shaw was a graduate of Guy's Hospital, London, and had been for a time superintendent of Anamoose Hospital, after her marriage; later doing private nursing. She was much beloved and was in constant demand. Her death is felt as a loss to the whole community.

On March 26, in a mysterious manner, Zoala Cramer, class of 1913, Texarkana Training School. Miss Cramer was a much respected member of the Dallas County Nurses' Association, whose members recognized in her those qualities which stand for a noble and gentle character. Her ability and the charm of her personality made her most valuable to the Association. Her skillful assistance in the welfare work at the Baby Camp won for her the admiration and respect of everyone interested in that work. Her work, though scarcely begun, aspired to a high ideal in the ethics of trained nursing.

At Baltimore, Md., Emma C. Legg, class of 1914, Clifton Springs Sanitarium, Clifton Springs, N. Y. Miss Legg had been ill some time. Her friends mourn her death, but all are glad she is at rest.

We have learned of the death of Margaret McMillan, who was thrown from a carriage while being driven to a patient. No particulars have been received.

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

**FIRST AID IN NURSING AILMENTS.** By Emelyn Lincoln Coolidge, M.D. Author of "Mothers Manual," and Editor of Babies' Department of the *Ladies Home Journal*, formerly House Physician of the Babies' Hospital, New York City, Attending Physician in Diseases of Children and Society of the Lying-In-Hospital of the City of New York. Sturgis and Walton, New York. Price 50 cents.

This little book makes one more of the goodly army of its kind intended for the use of mothers in the safe conduct of their children through the minor ailments which beset them in their early years.

It might seem to the reader that the solemn warning of the preface against attempting to handle any serious disorder without the aid of a physician was contradicted by the directions which follow, especially the first paragraph of the book, where a course of dosing extending over three or four days would seem to be delaying the call for a physician a trifle longer than safety demands. This, however, we do not need to decide and since a doctor has issued the orders, they must be all right. It is not a book on nursing nor is it intended for nurses.

**FOOD—WHAT IT IS AND DOES.** By Edith Greer. Ginn and Company, Boston. Price \$1.00.

The author of this book has succeeded in transforming a lot of prosaic facts, information for all, into a delightfully readable little book. "Humanity is discovering what grows everywhere in the earth, water, air. What humanity can use for food is being eaten. What different foods do when eaten is being studied by science and learned by humanity." This may seem but elementary and folks may claim to know all about the subject, but if there is nothing new to be taught about food and the proper nourishment of the human body, why is it that so large a proportion of the distempers which vex humanity are due to errors in diet? There is need for greater attention to this department in our life and if you need to be convinced of it, read this book. Nothing more conducive to stimulate the interest and arouse the attention of housekeepers has come my way in a long time and even if you find that it fails to interest you in domestic problems, you will be obliged to own that it furnished you entertainment. We are



shown how important a factor in the evolution of civilization food is. "Production, manufacture, distribution, consumption are interwoven now with nature, invention, industry, transportation, commerce, science, and with humanity as workers, as well as consumers." This promises a large field, and the book gives glimpses into every corner of it.

**THE DIARY OF A FRENCH ARMY CHAPLAIN.** By Felix Klein, American Hospital, Neuilly, Paris. Translated from *La Guerre vue d'une Ambulance*. By Harriet M. Capes. Andrew Melrose, Publisher, London.

Of the many instances of heroism and splendid self sacrifice of the French nation under the stress and suffering of the war, there has been nothing finer than is given us by this French priest, in the account of his labors in the American Hospital and on the battlefields at the front. Beginning with a sort of amazed bewilderment he tells of the panic and confusion which fell upon the French, upon his own little household and parish and upon the whole nation; this is followed by the wonderful work of organization which has called forth the admiration of the whole world for the civilian class in France, "everywhere are to be seen voluntary self-sacrifice and spontaneous discipline, those two signs of the highest education."

At the beginning of September 1914, we find the author engaged in duties which soon became as familiar to him as had been, only a month before, his routine of parish work. Going out to the front, gathering in the dead and the wounded, hearing day by day the experiences of those who had survived the fighting, sharing the grief of bereaved friends, through all keeping intact his fine spiritual balance. There come moments in the midst of terrible experiences "when one believes that one understands why War was permitted, the world perchance having never suffered such ills, but also never having risen to such a height of moral greatness." "I live in an atmosphere of heroism and faith," etc.

After five months and at the beginning of the year 1915, he looks back in shuddering retrospective, "Oh! how frightful a year—But still the wonderful year, the sublime year, the year of self-sacrifice, of reconciliation and heroism."

With all his horror at the waste of life and suffering that surround him, our priest can appreciate any pleasant incident that comes to warm his great heart and he enjoys telling us of the little dog *Fend l'air*—who becomes an inmate of the American Hospital and of the English-American Christmas in the same institution, when "the nurses sang beautiful hymns."

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